

R173349  
DYNES  
CHARLES

LAURIE



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project. Ces documents seront  
numérisés. Ne pas les déplacer.



H. STIRLING

E. V. DYNES

STIRLING-DYNES

OAKVILLE, ONTARIO

May, 11, 1944.

12 PM 2 51

1040-D-598  
R04  
17-5-44

Royal Canadian Air Force,  
Chief of Air Staff,  
Ottawa, Canada.

Dear Sir;

This letter confirms your  
presumption that we have not received any  
evidence of news concerning our son  
Aircraftman Charles Laurie Dynes, reported  
missing October 19th.

Yours Truly,

*E. Vernon Dynes.*

*K. Nagree*





H. STIRLING

E. V. DYNES

STIRLING-DYNES

OAKVILLE, ONTARIO

Dec. 4, 1943.

*W. J.*  
Committee of Adjustment,  
Administrator of Estates,  
Ottawa, Ontario.



Dear Sirs;

I received a letter from Wing Commander Martyn of 10 Squadron of which my son was a mechanic at Gander Station. His letter was not quite clear as to whether we were supposed to make application to Ottawa for the Personal belongings of Laurie Dynes who was lost on the Liberator, which was not heard from after October 19th.

If it is the customary procedure to wait for 6 months before doing so, it is quite all right with me but on the other hand if it is possible to get them now I would very much like to do so.

Unless you have lost a son under these same circumstances you will not understand the great anxiety under which parents are forced to remain due to absolutely no information being given them with regard to the loss of this plane right in our own Province. I would like to eliminate the feelings that will be reopened after a six months wait before receiving our boys effects, if this can be done.

Yours Truly,

*E. Vernon Dynes.*

*R. 173349.*

*E. L. Dynes.*

*Gander Station*



## DISTRIBUTION OF SERVICE ESTATES

## Estates Form "P. 4"

Name.....**DYNES**.....**Charles L.**.....No. **B173349**  
Surname.....Christian Names.....

| Rank | I.A.C. | B.C.A.T. | Date of Death |
|------|--------|----------|---------------|
|      |        |          | Oct. 20, 1943 |

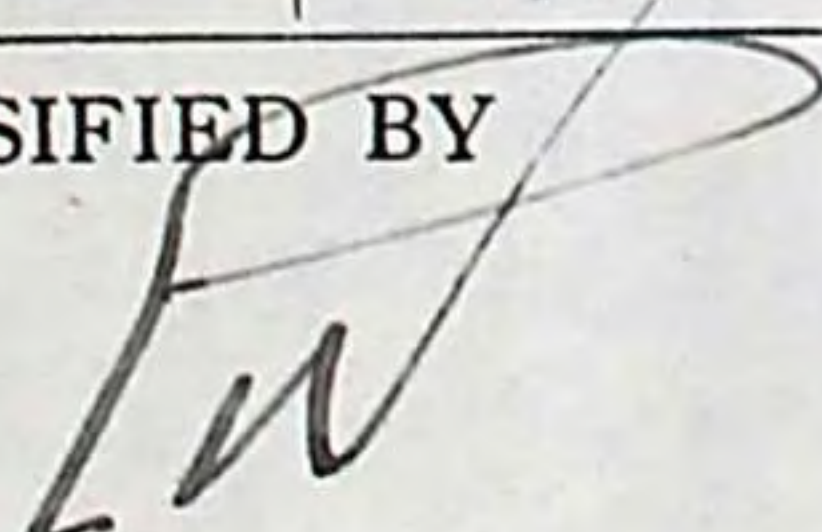
|               |               |              |
|---------------|---------------|--------------|
| <u>AMOUNT</u> | <b>W.S.G.</b> | <b>97.60</b> |
|               | L.P.C.....    | \$           |

Date.....September 15th, 1947.

Other Credits.....

|            |       |
|------------|-------|
| Total..... | 97.60 |
|------------|-------|

| SHARE | RELATIONSHIP | NAME AND ADDRESS                                                                                                                                                     | AMOUNT |
|-------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| ALL   | MOTHER       | <p>Mrs. Gladys Elmina Dynes.<br/> C/O Angus McMillan,<br/> Barrister, etc.,<br/> 139 Colborne St. East,<br/> Oakville, Ont.</p> <p>(Sole beneficiary under will)</p> | 97.60  |
|       |              | <p>P4. TO TREAS.<br/> 1919-9-47</p>                                                                                                                                  | W.S.O. |

| AUTHORITY                                                                                            |      |     |                            |      |        |
|------------------------------------------------------------------------------------------------------|------|-----|----------------------------|------|--------|
| H.Q.<br>F.E. No.                                                                                     | VOTE | PRI | H.Q.<br>SUB.               | OBJ. | AMOUNT |
| 0000<br>9999<br><del>2222</del>                                                                      | 833  | 01  | 70                         | 000  | 97.60  |
| CLASSIFIED BY<br> |      |     | EXAMINED BY                |      |        |
|                                                                                                      |      |     | For Chief Treasury Officer |      |        |

DISTRIBUTION APPROVED AND AUTHORIZED

(R. & S. S. S.) Brigadier.  
(L. M. F. F. F.) Colonel.  
Director of Estates  
JUDGE ADVOCATE GENERAL  
AUDITED FOR PAYMENT



# ROYAL CANADIAN AIR FORCE

## WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER ✓ R173349 FINAL PAID RANK ✓ LAC GROUP ✓ "B" CHRISTIAN NAMES ✓ Charles Laurie SURNAME Dynes

Reason for termination of service: Presumed Dead 20-10-43  
N.F. 184

### TOTAL SERVICE:

T.O.S. 26-6-42 S.O.S. 20-10-43 482 DAYS

T.O.S. \_\_\_\_\_ S.O.S. \_\_\_\_\_ DAYS

TOTAL 482 DAYS

### LESS NON-QUALIFYING SERVICE:

From: LWOP 27-6-42 To: 15-8-42 50 DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS

TOTAL QUALIFYING SERVICE 432 DAYS

432

### OVERSEAS SERVICE:

From: Nil To: \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS

TOTAL Nil DAYS

### LESS NON-QUALIFYING SERVICE:

From: Nil To: \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS

TOTAL QUALIFYING OVERSEAS SERVICE Nil DAYS

Certified that entitlement to benefits under  
The War Service Grants Act, 1944 has been  
established, based on service shown herein.

J. H. Ford

|                     |                    |
|---------------------|--------------------|
| COMPUTER'S INITIALS | <u>L.B.</u>        |
| CHECKER'S INITIALS  | <u>[Signature]</u> |
| DATE                | <u>19-2-47</u>     |



ADDRESS ALL COMMUNICATIONS  
TO THE REGISTRAR-GENERAL  
PARLIAMENT BUILDINGS, TORONTO



ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY  
REGISTRAR-GENERAL'S BRANCH

March-6-1942

This Certificate of Birth is issued for Military,  
Naval and Air Force purposes only

THIS IS TO CERTIFY that the  
Birth of the person named hereunder  
is of record at the office of the  
Registrar-General of Ontario as of  
the date and place noted.

Charles Laurie Dynes

Halton County

November-22-1921

Name of Father Edgar Vernon Dynes

Maiden Name of Mother Gladys Elenina Taylor

Reg. November-23-1921  
1921-19-200  
KC

*J. V. Johns.*

Deputy Registrar-General

|                         |          |
|-------------------------|----------|
| R.C.A.F. Records Office |          |
| Rec'd. JUL 20 1942      |          |
| O. K.                   | C. I. B. |
| R. C.                   | N. I.    |
| S. L.                   | P. A.    |



R. H. ARCHIBALD, B.A., B.PAED.  
PRINCIPAL.



C. H. BYERS,  
SECRETARY.

OAKVILLE,

Ontario.

Mar. 19<sup>th</sup> 1943

To the Officer Commanding,  
R.C.A.F.

This is to certify that Laurie Hynes  
attended the Oakville High School for two years  
beginning Sept. 5, 1936 and ending June 1938.  
He was enrolled in the general course in grade 11  
and took the 2nd year in <sup>the</sup> junior Commercial  
dept. Since that time he has been employed  
in garage work

R. H. Archibald  
Principal



# Royal Canadian Air Force

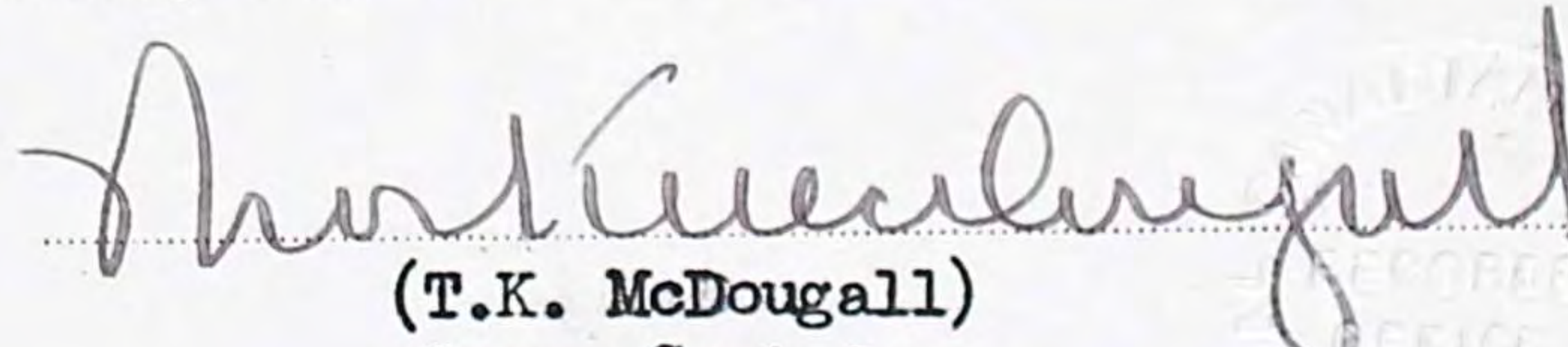
## CERTIFICATE OF PRESUMPTION OF DEATH NO 8308

**This is to Certify that**

R173349 L.A.C. DYBES, CHARLES LAURIE R.C.A.F.  
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 20TH day  
of OCTOBER, 1943, 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 5TH day of SEPTEMBER 1944



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



OTTAWA, Canada, 28th June, 1946.

Mr. E. V. Dynes,  
17 Ryngold Street,  
Oakville, Ontario.

Dear Mr. Dynes:

It is my painful duty to confirm the information that was conveyed in the three telegrams I recently despatched to you, advising of the locating of the wreckage of the Liberator aircraft on which your son was proceeding from Gander to Dorval October 20th, 1943. I sincerely regret that at this time it is not possible to convey to you many more details than were contained in the telegrams, for the search party that had experienced great difficulty in reaching the site of the crash identified the wreckage as that of the Liberator and determined that it was not possible to make recovery or identify any of the occupants and then returned to the village of St. Donat, Quebec, with their initial report which was conveyed to you in my telegram of June 25th.

The wreckage was sighted by a Pilot who was engaged on the search for a missing aircraft that had proceeded over that area the day before and had failed to arrive at its destination. He observed a glint of sunshine on a metal object and on further investigation was able to determine that it was what remained of an aircraft but could not identify it. He conveyed the location to Headquarters and a search party was despatched immediately, but owing to the mountainous region, dense undergrowth and heavy timber the search party was not able to locate the site. An aircraft was then despatched to guide the search party from the air and difficulties encountered were so great that the site could not be observed until within fifteen feet of it. In addition, air activities were hampered by weather conditions. The exact location is described as forty-six degrees sixteen minutes North, seventy-four degrees eighteen minutes West, on west side of twenty-five hundred foot mountain. It is approximately six miles from the village of St. Donat, Quebec.



The search party has again proceeded and is at present at the scene of the crash where they will clear the area as well as possible and erect a cairn. Crosses are being made and will be taken to the scene of the crash for erection. These will be individual Crosses with the name, rank and date of death inscribed thereon. The difficulty of transporting flowers has been carefully considered, but twenty-four roses will be taken to the site which will represent one for each of the occupants of the aircraft. The Memorial Burial Service will be held at the site of the crash on Wednesday, July 3rd, 1946, at 2:30 P.M. Eastern Daylight Time, weather permitting, the area being quite liable to be entirely covered by cloud if it is not a clear day. Wing Commander R.M. Frayne, Principal R.C.A.F. Protestant Chaplain and Wing Commander L.A. Costello, Principal R.C.A.F. Roman Catholic Chaplain, as well as a Jewish Rabbi whose name at present is not known will proceed to the site and will officiate at the service. A trumpeter will also be present. Official R.C.A.F. photographers will secure photographs which will be conveyed to you and complete reports of the service will also be sent to you by the respective Chaplains. During the service a Union Jack will be draped over the cairn. A flagpole will be erected if it is possible, behind the cairn. A permanent brass plaque will be placed on the cairn at a later date; it is not possible to have such a plaque manufactured and ready for the service.

The officer in charge of the search party states that it is beyond all doubt death was instantaneous to all occupants of the aircraft. He also states that the site is quite inaccessible and should only be undertaken by an experienced woodsman. Considerable difficulty will be encountered in getting the officiating party for the memorial service to the site.

I realize that the anxiety and heartaches you have had to endure these many months will not be lessened by anything conveyed in this letter, but it is my sincere hope that you may derive some measure of comfort from the knowledge that these gallant boys did not suffer, for death is merciful to the men who fly in the air.

May I express to you and the members of your family my deepest sympathy.

Yours sincerely,

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

WRG/AMK



NAME DYNES Charles Laurie FILE NO. 1040-D-598  
RANK XXX L.A.C. CATEGORY XXXXXXXX PRES. DEAD MISSING REG. NO. R173349

DATE OF DEATH: 20 Oct. /43 MOTHER LIVING: Yes WIFE: NA

MINISTERIAL CARD: 9-11-43 ROYAL MESSAGE:

MEMORIAL CROSS  
TO CHAPLAIN:

To mother & father

NOV 17 1944

DEL'D TO MOTHER:

To Mother and father-18-9-44

DEL'D TO WIFE:

Mr. & Mrs. Edgar Vernon Dynes,  
17 Reynold~~K~~ Street,  
Oakville, Ontario.

COMMAND: NO LTC

RELIGION: U.C.

MB



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



AIR  
FORGE  
No.

R. 173349

DYNES,

CHARLES LAURIE

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE  
NUMBER

PLACE *Hamilton Ont*  
DATE *26-6-42*

## RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44 (B)  
30M-12-41 (1346)  
H. Q. 1062-3-58

7. BIRTH: DATE *22-11-921* PLACE *Burlington Ont* CITIZENSHIP *British*

FATHER (FULL NAME) *Edgar Vernon Dynes*

BIRTHPLACE *Nelson Imp. Ont.*

MOTHER (FULL MAIDEN NAME) *Gladys Elmina Taylor*

BIRTHPLACE *Minneapolis W.A.*

### 8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *X Ont.*

JUNIOR MATRICULATION *1 yr HS-Ont*

SENIOR MATRICULATION

TECHNICAL SCHOOL *1 yr Commercial*

UNIVERSITY

CORRESPONDENCE COURSES

*WETP (AECN) 2*

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

*mechanic apprentice  
(Sterling Dynes) 1938-42*

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

*Ross Scots Oakville Ont 1940-42*

### 11. HONOURS-AWARDS, MENTIONS

AUTHORITY DATE

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

SOLO *6* DUAL *6* PASSENGER *28 hr*

### 13. RELIGION

*u b*

### 14. LANGUAGES

*English*

### 15. SPORTS

*Hockey Rugby Swimming*

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE

DATE

AUTHORITY (IF AFTER ENLISTMENT)

### 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: *Gladys Elmina Dynes* RELATIONSHIP *mother*

ADDRESS: *17 Reginald St Oakville Ont* D.R.O.

FULL NAME: D.R.O.

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.

*Pay & Allow (day) 25 6 42 H.A.P. 13*

*Cost to pay & allow while*

*Kingst Battal Cld 16 8 42 H.A.C. 120*

*Cost to sub allow 16 8 42 H.A.C. 120*

### 21. ENGAGEMENTS

TERM

EFFECTIVE

D.R.O.

TERM

EFFECTIVE

D.R.O.

*Duration 26 6 42*

### 22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM

TO

DATE

D.R.O.

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

*17 Reginald St Oakville Ont.*

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

R60

R79

B465

X-RAY

AFM-13

IDN. CARD

*31-7-42*

*15*



2-73

642.31



Mrs. G. E. Dynes (mother)  
17 Reynold St.,  
Oakville,  
Ont.

Aug. - 46.

5086

27-1-50.

MEMORIAL BUR

DATE DESP.....

REGN. NO. 2331.....



ROYAL CANADIAN AIR FORCE  
INTERVIEW REPORT

Appendix "D"

DYNES

1. SURNAME. . . . .  
2. CHRISTIAN NAMES. . . . . CHARLES LAURIE  
3. APPLYING FOR ENLISTMENT AS . . . . . GROUND CREW A.E.M. (WETP)

SELECTION BOARD

4. PERSONNEL OFFICER Grade X (Ont.)  
Education . . . . .  
A. to L. Score C.T.43 16638 8-4-42

ASSESSMENT: (Educational Standing: Ability to Learn: Personal Background)

A.E.M. (W.E.T.P.) R.W. Philp F/L  
RECOMMENDED FOR . . . . . Signed.  
SUITABLE FOR COMMISSION . . . . .

5. MEDICAL OFFICER  
Medical Category . . . . .

ASSESSMENT: (Physical: Temperamental)

RECOMMENDED FOR . . . . .  
SUITABLE FOR COMMISSION . . . . . Signed.

6. INTERVIEWING OFFICER  
ASSESSMENT: (General Fitness:)



RECOMMENDED FOR . . . . .  
SUITABLE FOR COMMISSION . . . . . Signed.

FOUND ACCEPTABLE FOR . . . . .

Date:

A.F.M. 5  
24.12.41

Commanding Officer,  
No. 1 Recruiting Centre, RCAF  
Toronto, Ontario.

CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL ON FILE.



Every item of information  
should be carefully supplied.  
(See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE  
DIVISION REGISTRAR OF THE DIVISION IN WHICH  
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH  
UNFADING INK  
THIS IS A PERMANENT  
RECORD

FORM 6

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

## PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of CANADA Township of \_\_\_\_\_  
{ If in City, Town or Village \_\_\_\_\_ Street \_\_\_\_\_ House No. \_\_\_\_\_  
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
(a) In City, Town or Township where death occurred \_\_\_\_\_ (b) In Province \_\_\_\_\_ (c) In Canada (if immigrant) \_\_\_\_\_

3. PRINT FULL NAME OF DECEASED DYNES CHARLES LAURIE  
(Family name) (Given name or names in usual order)

RESIDENCE No. 17 Street Reynold St. City, Town, Village or Township Oakville Province Ontario  
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

|                       |                                                    |                  |                                                                                 |
|-----------------------|----------------------------------------------------|------------------|---------------------------------------------------------------------------------|
| 4. Sex<br><u>Male</u> | 5. Nationality<br>(Citizenship)<br><u>Canadian</u> | 6. Racial Origin | 7. Single, Married,<br>Widowed or Divorced<br>(Write the word)<br><u>Single</u> |
|-----------------------|----------------------------------------------------|------------------|---------------------------------------------------------------------------------|

8. BIRTHPLACE Ontario  
(Province or Country)

9. DATE OF BIRTH November 22nd 1921  
(Month) (Day) (Year)

10. AGE in { Years 21 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old  
hrs. or \_\_\_\_\_ min.

OCCUPATION

11. Trade, profession or kind of work as A.E.M.  
spinner, teamster, office clerk, etc.

12. Kind of industry or business, as R.C.A.F.  
mill, lumbering, bank, etc.

13. Date deceased last worked Oct. 20/43 14. Total years spent in One  
at this occupation this occupation

15. If married give name of wife  
or husband of deceased \_\_\_\_\_

FATHER

16. NAME DYNES, Edgar Vernon

17. BIRTHPLACE Ontario  
(Province or Country)

MOTHER

18. MAIDEN NAME TAYLOR, Gladys Elmina

19. BIRTHPLACE United States.  
(Province or Country)

20. Person giving information D. J. ...  
sign here for (R.C.A.F. Records Officer)

Address \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

21. Place of Burial, Cremation or Removal \_\_\_\_\_  
Date of burial or removal \_\_\_\_\_

22. Burial Permit was issued by \_\_\_\_\_  
Address \_\_\_\_\_

23. UNDERTAKER \_\_\_\_\_  
(Name and address)

### MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH October 20th 19  
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

| CAUSE OF DEATH                                                                                                                                        |                                                                                                                 | PHYSICIAN                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| I. Immediate cause<br>Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. | (a) <u>Previously reported missing as result of a flying accident, now for official purposes presumed dead.</u> | Underline the cause to which death should be charged statistically |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).                                | (b) _____<br>(c) _____                                                                                          |                                                                    |
| II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.                                         | _____                                                                                                           |                                                                    |

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance \_\_\_\_\_ 19 \_\_\_\_\_  
(b) Duration of disease \_\_\_\_\_ days

27. If a woman, was the death associated with pregnancy? \_\_\_\_\_

28. Was there a surgical operation? \_\_\_\_\_ Date of operation \_\_\_\_\_ 19 \_\_\_\_\_  
State findings \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

29. If death was due to external causes (violence) fill in also the following:—  
Accident Date of injury Oct. 20 19 43  
Presumed killed during air operations.  
Manner of injury \_\_\_\_\_  
(How sustained)  
Nature of injury \_\_\_\_\_ public place  
Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Signed by \_\_\_\_\_ M.D.  
Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

30. Division Registrar's Record No. \_\_\_\_\_

31. Filed \_\_\_\_\_ 19 \_\_\_\_\_  
(Division Registrar)



# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full DYNES CHARLES LAURIE (b) Reg'l. No. R173349  
2. (a) Arm of service R.C.A.F. (b) Unit 1 M. DEPOT (c) Rank AC-2  
3. (a) Date of birth NOV 22/1921 (b) Have you any dependents? NO (c) Place of residence at time of enlistment DAKVILLE  
4. (a) Place of enlistment GALT ONT. (b) Date of enlistment JUNE 26/42

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 2 YRS. HIGH SCHOOL  
7. If you attended a university, give name of university and standing or degree secured NO  
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? GARAGE MECHANIC (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 2 YRS  
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 STIRLING & DYNES Address DAKVILLE  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) GARAGE  
20. (a) Your specific occupation APPRENTICE MECHANIC (b) Number of years' experience at this occupation with any employer 4 YRS  
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming?  
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? AM

## 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.) YES  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form COMMERCIAL PILOT

DATE

SEPT. 3, 1942

194

SIGNATURE

C. L. Dynes



ROYAL CANADIAN AIR FORCE  
INTERVIEW REPORT

Appendix "D"

1. SURNAME. . . . . DYNES . . . . .  
2. CHRISTIAN NAMES. . . . . CHARLES LAURIE . . . . .  
3. APPLYING FOR ENLISTMENT AS . . . . . GROUND CREW . . . . . A.E.M. (WETP) . . . . .

SELECTION BOARD

4. PERSONNEL OFFICER  
Education . . . . . Grade X (Ont.) . . . . .  
. A. to L. Score . C.T. 43 . 16638 . . . . . 8-4-42 . . . . .

ASSESSMENT: (Educational Standing: Ability to Learn: Personal Background)

RECOMMENDED FOR A.E.M. (W.E.T.P.) . . . . . Signed R.W. Philp F/L  
SUITABLE FOR COMMISSION . . . . .

5. MEDICAL OFFICER  
Medical Category . . . . .

ASSESSMENT: (Physical: Temperamental)

RECOMMENDED FOR . . . . .  
SUITABLE FOR COMMISSION . . . . . Signed . . . . .

6. INTERVIEWING OFFICER

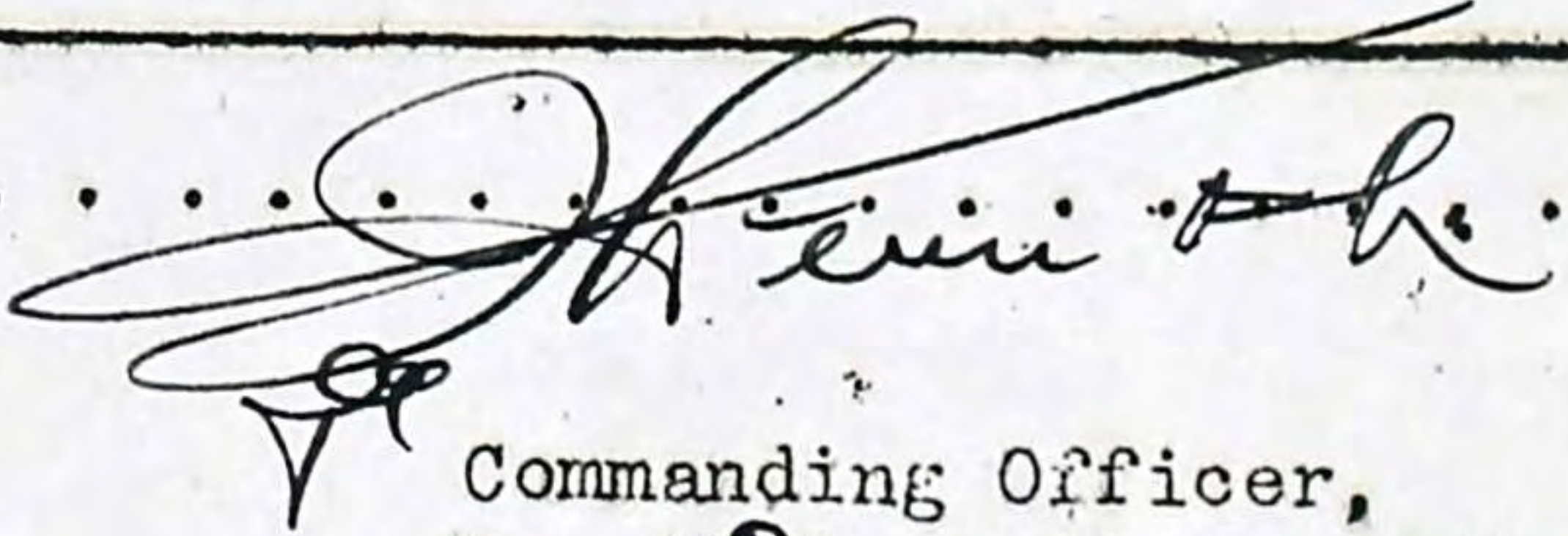
ASSESSMENT: (General Fitness:)

RECOMMENDED FOR . . . . .  
SUITABLE FOR COMMISSION . . . . . Signed . . . . .

FOUND ACCEPTABLE FOR . . . . .

Date:

A.F.M. 5  
24.12.41

  
Commanding Officer,  
No. 11 Recruiting Centre, RCAF  
Toronto, Ontario.

CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL ON FILE.



SPECIAL RESERVE  
ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

2173349  
A.F. No.

DYNE S  
Surname

CHARLES LAURIE  
Christian Names

United  
Religion

22 NOVEMBER 1921  
Born Place

BURLINGTON  
ONTARIO Country

Canada

Citizen of Canada

Racial Origin English

PARTICULARS OF FAMILY

M. S. D. W.

Wife's Maiden Name

Present Address (in pencil)

| CHILDREN | NAMES | PLACE OF BIRTH | DATE | CHILDREN | NAMES | PLACE OF BIRTH | DATE |
|----------|-------|----------------|------|----------|-------|----------------|------|
|          |       |                |      |          |       |                |      |
|          |       |                |      |          |       |                |      |
|          |       |                |      |          |       |                |      |

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

Gladys Elmina Dyne (Mother) 17 Reynold St,  
Oakville, Ontario

CIVIL EDUCATION

High School Entrance ☒ Jr. Mat. 1 yr Sr. Mat.  
Technical School Business Courses 1 yr.  
University

CIVIL OCCUPATIONS AND EXPERIENCE

Apprentice mechanic 1938-1942

PREVIOUS SERVICE

Lorne Scots, Oakville  
1940 - 1942.

ENLISTMENT

Date 26-6-42  
At Hamilton Ontario  
Term Duration of War

Med. Cat.

DATE

Med. Cat.

DATE

44B 26 6 42

RANK

AUTH.

DATE

TRADE

AUTH.

DATE

TRADE TESTS AND COURSES

TRADE

GP

%

P or F

DATE

A/C

26 6 42

AEM (YT)

26 6 42

AEM (YT)

S

-

P

1 9 42

AC1 Dec 92

13 1 43

DR 11/43 AEM

C

-

-

13 Jan 43

AAC

" 251

1 10 43

A.E.M.

B

57

F

18 5 43

A.E.M.

B

68

P

1 10 43

LEAVE

FROM

TO

AUTH. AND DESCRIPTION

DATE

CHARACTER

TRADE AND ASSM.

HONOURS AND AWARDS

AUTH.

On Leave Without Pay  
Completion

27-6-42

of course

DR 93

recalled from leave  
for purposes of pay  
& allowances 1.8.42

22-10-42 5-11-42 cancelled 7/10/43

Cancelled in 7/10/43



# MOVEMENTS AND CASUALTIES

| AUTHORITY       | UNIT FROM            | UNIT TO                 | DATE                             | AUTHORITY | UNIT FROM | UNIT TO |  |
|-----------------|----------------------|-------------------------|----------------------------------|-----------|-----------|---------|--|
| NRD 131         | #10 R/C Hamilton Ont | #1 M/D Toronto Ont      | 1.9.42                           |           |           |         |  |
| #1 M.D. 212     | "                    | "                       | 2-9-42                           |           |           |         |  |
| #1 M/D 250      | #1 M/D Toronto       | ITS. St. Thomas         | 17-10-42                         |           |           |         |  |
| DR.O 302        | Auth draw            | nations all times leave | DR.O 251/42                      |           |           |         |  |
| DR.O 13/43      | T.T.S.               | #1 "V" DEPOT            | AD 23-12-42 to 29-12-42 (5 days) |           |           |         |  |
| DR.O #29        | ST. THOMAS           | HALIFAX                 | 14 Jan/43                        |           |           |         |  |
| DR.O 33.705     | 1. W Depot           | Charbay mld.            | 4-2-43                           |           |           |         |  |
| NRD 138505      | RCAF Sta.            | #1 Y Depot.             | 2-2-43                           |           |           |         |  |
| DR.O 134 S.O.S. | Charbay              | Halifax                 | 26 May/43                        |           |           |         |  |
|                 | RCAF Sta.            | #1 B Sqdn               |                                  |           |           |         |  |
|                 | Charbay              | Gander                  |                                  |           |           |         |  |
|                 | No. 10 S.O.D.        | GANDER, Nfld.           |                                  |           |           |         |  |
|                 | PRESUMED TO          | HAVE DIED               | 20-10-43                         |           |           |         |  |



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R173349**

RANK **LAC**

UNIT **10 SQDN.  
GANDER, NFID.**

TRADE **A.E.M. "C"**

|          |        |          |            |       |
|----------|--------|----------|------------|-------|
| R.C.A.F. | R.A.F. | R.A.A.F. | R.N.Z.A.F. | OTHER |
| <b>X</b> |        |          |            |       |

NAME **DYNES, CHARLES LAURIE**

MARITAL STATUS **SINGLE**

RELIGION **U.C.**

CANADIAN **YES**

FRENCH CANADIAN

OTHER

NEXT OF KIN AS SHOWN ON  
REC. OF SERV. & RELATIONSHIP

ADDRESS **MRS. G.E.DYNES, (MOTHER)  
17 REYNOLD STREET,  
OAKVILLE, ONT.  
(AGREES)**

NEXT OF KIN AS SHOWN ON  
CAS. SIG. & RELATIONSHIP

ADDRESS **MRS. GLADYS ELMINA DYNES, (MOTHER)  
17 REYNOLD STREET,  
OAKVILLE, ONT.**

FATHER'S NAME

ADDRESS **MR. & MRS. EDGAR VERNON DYNES,  
17 REYNOLD STREET,  
OAKVILLE, ONT.**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

ADDRESS

LIVING ON ENLISTMENT **YES**

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**

**GANDER, NFID.**

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

## CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

**K.R.AIR PARA 710 (3)-----d-17-JULY-44**

**PREVIOUSLY REPORTED "MISSING" 20-OCT-43 AS A RESULT OF A  
FLYING ACCIDENT---LAST REPORTED OVER MONT JOLI---A ENROUTE  
GANDER TO DORVAL--(FAMILIARIZATION AND TRANSPORTATION.)**

**NOW "PRESUMED DEAD" 20-OCT-43 FOR OFFICIAL PURPOSES**

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

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

DATE **6-SEPT-44**

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

FOR CHIEF OF THE AIR STAFF

ATS-RT

**COPY FOR DOCUMENT FILE**

**20034**



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

4  
AIR

DECEASED  
MEMBER'S  
NAME

**Charles L.**  
(CHRISTIAN NAMES)

**Dynes**  
(SURNAME)

REGISTER NO.

FILE NO. **31452**

DATE **29 July/47**

SERVICE NO. **R-173349**

FINAL RANK OR RATING **LAC**

DATE OF DISCHARGE **20 Oct/43**

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

DATE OF TERMINATION OF OVERSEAS SERVICE

**N/A**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **432** EQUAL TO **14** COMPLETE PERIODS AT \$7.50  
30

\$  
**105.00**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY \$  
SUBSISTENCE OR LODGING \$  
AND PROVISION ALLOWANCE \$  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ X7 = \$

NO. OF DAYS 183 X\$

**105.00**

**D. WAR SERVICE GRATUITY**

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ **7.40**  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$  
OTHER DEDUCTIONS \$

**7.40**

**F. TOTAL AMOUNT PAYABLE**

**97.60**

**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

**L.N.**

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE



**ROYAL CANADIAN AIR FORCE**  
(ATTESTATION PAPER)

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

1. Surname DYNES FULL Christian Names CHARLES LAURIE  
2. Present Address 17 REYNOLD ST. OAKVILLE, ONTARIO. Telephone 779  
3. Permanent Address 17 REYNOLD ST. OAKVILLE, ONTARIO.  
4. Place of Birth Burlington, Ontario. Wilton Co. Citizenship Canadian  
5. Date of Birth Nov. 22, 1921. ✓ ~~Married~~, Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~ Single  
6. Particulars of Children

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

7. Occupation Apprentice for Mechanic 8. Religion United Church  
State denomination  
9. Languages ENGLISH (fluently)  
State proficiency  
10. Next of Kin (Full Name) GLADYS ELMINA DYNES Relationship Mother  
" Address 17 Reynold St., Oakville, Ontario.  
11. Father (Full Name) EDGAR VERNON DYNES Birthplace Nelson Twp., Ont.  
" Address 17 Reynold St., Oakville, Ont. Citizenship Canadian.  
" Occupation Garage Owner  
12. Mother (Full Maiden Name) Gladys Elmina Taylor Birthplace Minneapolis. U.S.A.  
" Address 17 Reynold St., Oakville, Ontario. Citizenship Canadian.  
13. Details of any Naval, Military or Air Force Service:

| Unit               | Place                 | Rank        | Trade | Date             |                 | Reason for discharge |
|--------------------|-----------------------|-------------|-------|------------------|-----------------|----------------------|
|                    |                       |             |       | From             | To              |                      |
| <u>Lorne Scots</u> | <u>Oakville, Ont.</u> | <u>Pte.</u> |       | <u>July 1940</u> | <u>Apr 1942</u> | <u>Join R.C.A.F.</u> |
|                    |                       |             |       |                  |                 |                      |
|                    |                       |             |       |                  |                 |                      |
|                    |                       |             |       |                  |                 |                      |

14. Honours, Awards, Mentions NONE  
15. Are you now on any Naval, Military or Air Force Reserve? YES (Militia)  
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  
20. Are you in debt? NO If so, state particulars





21. Particulars of Education:

|                                                  | Name of school                   | Date   |      | Courses—Subjects, etc.        |
|--------------------------------------------------|----------------------------------|--------|------|-------------------------------|
|                                                  |                                  | From   | To   |                               |
| Primary Education—Public or Separate School..... | <del>Oakville</del> Central P.S. | 1927   | 1936 | Entrance                      |
| High School—Collegiate Institute, etc.....       | <del>Oakville</del> High School  | 1936   | 1938 | Matric 1 yr. Commercial 1 yr. |
| Technical School .....                           |                                  |        |      |                               |
| University or School other than above.....       |                                  |        |      |                               |
| Correspondence Courses, etc.....                 | Galt Aircraft, WETP ,            | 4-5-42 |      | AEM (WETP)                    |

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

| Employer and place                | Duties, trades, positions | Date      |      | Reason for leaving |
|-----------------------------------|---------------------------|-----------|------|--------------------|
|                                   |                           | From      | To   |                    |
| Stirling/Dynes, Oakville.<br>ONT. | Apprentice for Mechanic.  | July 1938 | 1942 | To join R.C.A.F.   |
|                                   |                           |           |      |                    |
|                                   |                           |           |      |                    |
|                                   |                           |           |      |                    |
|                                   |                           |           |      |                    |

23. Flying Experience (in Hours) Solo..... ~~NONE~~ Dual..... ~~XXXXXX~~ 6 Passenger..... ~~XXXXXX~~ 25 hrs.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F..... ~~NONE~~

25. Sports engaged in. State: extensively, moderately, occasionally..... Hockey, rugby, swimming, most sports  
moderately.

26. AIR FORCE DUTY you wish to enlist for ~~Ground Duties.~~  
If for Ground Duties, state Air Force trade in which you wish to enlist..... Aero Mechanic.  
If for Flying Duties, state preference as (a) ~~Pilot~~; (b) ~~Observer~~; (c) ~~Navigator~~; (d) ~~Wireless Operator~~ (All crossed out)  
(Cross out words not applicable.)

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

| Name            | Address            | Occupation               |
|-----------------|--------------------|--------------------------|
| R. H. ARCHIBALD | Oakville, Ontario. | Principal of High School |
| D. KERR         | Oakville, Ontario. | Cheif of Police.         |
| H. STIRLING     | Oakville, Ontario. | Garage Owner.            |
| REV. GALLAGHER  | Oakville, Ontario. | Minister                 |

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..... April 8th. 19 42 Signature..... Charles Laurie Dynes



NATIONAL REGISTRATION CERTIFICATE  
PRODUCED.

3

FOR OFFICIAL USE ONLY

NATIONAL REGISTRATION CERTIFICATE  
PRODUCED.

124  
147

(A) Report of Interviewing Officer—

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

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

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

(B) Report of Trade Test (Not required for Standard (Tradesmen)—

Trade in which tested.....

Result.....

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

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

(C)

DECLARATION MADE BY MAN ON ATTESTATION

I, Charles Laurie Dynes 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 26-6-42 19 Charles Laurie Dynes  
Signature of Recruit

(D)

OATH TAKEN BY MAN ON ATTESTATION

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

Date 26-6-42 19 Charles Laurie Dynes  
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 Hamilton, Ont. this 26 day of June, 1942

Signature of Officer Rank  
OFFICER COMMANDING,  
R.C.A.F. RECRUITING CENTRE,  
HAMILTON, ONT.



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

3. Have you ever worn glasses?..... no

4. Have you had any illness  
for more than one week?  
duration..... yes

Examiner's Remarks re above.....

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

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

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

Scars on occiput

2. Height..... 5 feet..... 8 inches.

3. Weight..... 177 pounds.

4. Complexion..... fair

5. Color of Eyes..... brown Hair..... brown

6. Development Good  
Fair  
Poor

7. Chest Measurement—Full expiration..... 37 1/2 inches

Range of expansion..... 3 inches

8. Hearing—Right..... 14 1/2 Left..... 14 1/2

Tympana—Right..... no Left..... no

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

With glasses—Right.....

Left..... 20/20

Left.....

10. Condition of mouth and teeth..... few

11. Urine—Albumen..... neg Sugar..... neg

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

in hernia

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

A4B

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

Chest X-Ray neg XR 67711

13. Reflexes..... 4

14. Heart..... h

15. Lungs..... h

16. Blood Pressure..... 118/80

17. Colour Vision..... 15/11

Date..... 8-4-42 19.....

W. J. Spink  
President

W. J. Spink  
Member

Member

CHEST X-RAY NEGATIVE 8/14/42  
RECHECK SATISFACTORY 8/14/42



3110 Lisgar Building, Ottawa, Ont.  
July 4th, 1946.

Mr. E.V. Dynes,  
17 Reynold Street,  
Oakville, Ont.

Dear Mr. Dynes:-

You will have been informed through official R.C.A.F. channels that the funeral service for your son, LAC Charles Laurie Dynes, was to take place at the scene of the crash yesterday, July 3rd, 1946, at 2:30 o'clock Eastern Daylight time. It was felt, however, that you would like to hear some of the more intimate details of yesterday's happenings on the slope of the mountain.

Yesterday morning the official party, consisting of a Hebrew Chaplain, Captain E.F. Mandelcorn of Montreal, W/C L.A. Costello, Principal Roman Catholic Chaplain and myself, together with S/L H. Cobb and F/O W. Tessier, DFC., Officers in charge, accompanied by a Trumpeter, R.C.A.F. Photographer, R.C.A.F. Public Relations Officer and representatives of the Press, was conducted to the scene of the burial by the Chief of St. Donat Police, Leo Bertrand, the Mayor of St. Donat, Richard Coutu, the members of St. Donat Council and a member of the Quebec Provincial Police.

A number of the next-of-kin who had driven in also attended. These included J.A. MacDonald and E.C. Hopkins, father and uncle of P/O Robert MacDonald, Gordon, William and Ira Beattie and James Arnold, three brothers and a brother-in-law of Corporal Harold Beattie, Mr. G. Sanderson and Mr. W. Slack, relatives of F/O Stephen Andrew Sanderson, AFM., Mr. and Mrs. G.O. Marr, parents of Corporal Ronald Douglas Marr, Mrs. G.R. Patterson, the widow of LAC Guy Ridgewood Patterson, Mr. and Mrs. MacNaughton, parents of Sgt. William G. MacNaughton, Mr. D.S. McLean and Mr. James Stewart MacNaughton, uncles of Sgt. MacNaughton, Mr. J.A. Poirier, father of F/L Joseph Alfred Poirier, together with Joseph's brother, P/O Cecil Poirier. As nearly as I can recollect the above folk comprise the representatives of the next-of-kin but as I am trusting my memory in this connection there may possibly have been some other relatives present. As well as the above, there were some hundred and fifty local inhabitants in attendance. Mr. and Mrs. MacNaughton, Mrs. Patterson and the other womenfolk remained below at the village.

The party left the hotel at St. Donat at 7:30 in the morning, drove back along the road for six miles, crossed a narrow arm of Lac Archambault and set out in a westerly direction along the trail that the advance party had broken in locating the crash and up the two hills that had to be climbed. Arriving at 11:00 o'clock at a tiny lake the party rested, had some sandwiches and then proceeded to the scene of the crash, arriving at 2:15 o'clock. Pictures of the setting for the funeral service will be forwarded to you within a few days. These should give you a fairly good idea of where your loved one is buried.

A single red rose was then placed upright at the foot of each Cross and the Star of David by the next-of-kin present and by the Chief of Police and the Mayor who represented the next-of-kin who were not present.

The Chaplains took their places at the side of the Cairn, which had been erected by the advance party and on which a memorial bronze plaque will be permanently placed, and then proceeded to conduct the funeral services.



Captain Mandelcorn led off with the funeral rites for WO.1 Jacob Silverstein, singing and reading the last rites of the Jewish faith for his laddie.

He was followed by W/C Costello, who was assisted by four priests who were vacationing at St. Donat. The full Roman Catholic Libera was chanted and read by these representatives of the Roman Catholic Church for F/L Poirier, F/O Sanderson and LAC. Joseph Veilleux. Upon the conclusion of the Roman Catholic Libera the last high offices of the Protestant Church were then conducted by the Principal Protestant Chaplain of the R.C.A.F. for the following:

|                                   |                                 |
|-----------------------------------|---------------------------------|
| F/L Robert Frank Fisher           | Sgt. William Gordon MacNaughton |
| F/O Jay Syver Johnston            | Sgt. Stanley Albert Wood        |
| F/O James Lamont                  | Cpl. Harold David Beattie       |
| P/O Robert William MacDonald      | Cpl. Howard Kenneth Hamby       |
| WO. 1 Wilfred Howlett             | Cpl. Alec Clare Johnston        |
| WO. 1 Franklin Elwood Jenkins     | Cpl. Ronald Douglas Marr        |
| WO. 2 Joseph Alexander Barabonoff | LAC. Charles Laurie Dynes       |
| F/S Raymond Frank Ware            | LAC. Guy Ridgewood Patterson    |
| Sgt. Franklin Hicks Elliott       | LAC. Albert James Radcliffe     |
| Sgt. Eric Morgan Finn             | LAC. Edwin William Read         |

The Protestant Service began with the reading of St. John 11:25-26; Romans 8:38-39; St. Matthew 5:14; St. John 14:1 and 2; Isaiah 40:11. These Scripture verses were followed by a reading of the names of the twenty Protestant boys who had paid the supreme sacrifice on this site.

The 23rd Psalm and the 121st Psalm were read, followed by the re-reading of some of the New Testament passages as above, together with Revelation 7:16 and 17.

Included in the funeral sermon were references to the fact that the love given to God's children will never die, and that nothing can kill it; neither principalities nor powers, nor things present, nor things to come; nor the sword, nor the crash of aircraft, nothing can kill it; it will last over - Forever.

The group present was reminded that those gathered on this mountainside were joined in spirit by the loving next-of-kin from Halifax to the West Coast. The verses of 'O Valiant Hearts' were then read:

'O Valiant Hearts, who to your glory came  
Through dust of conflict and through battle flame  
Tranquil you lie, your knightly virtue proved,  
Your memory hallowed in the Land you loved.

O Risen Lord, O Shepherd of our Dead,  
Whose Cross has bought them and whose Staff has led,  
In glorious hope their proud and sorrowing land  
Commits her Children to Thy Gracious Hand."

Reference was made to a somewhat similar crash that had taken place in Britain during the war, while the Principal Chaplain was overseas. In this crash the Duke of Kent had been killed and Prime Minister Winston Churchill said:



"There is something about death on active service which is different from ordinary death in the normal course of nature. It is accepted without question by the fighting men. Those they leave behind them are also conscious of a light of sacrifice and honor which plays around the grave or tomb of the warrior. They are, for the time being uplifted. This adds to their fortitude but does not in any way lessen their pain. Nothing can fill the awful gap; nothing can assuage or comfort the loneliness and deprivation. Only faith in a life after death, in a brighter world, where dear ones will meet again - only that and the measured tramp of time can give consolation."

There followed a mention of the hope of immortality which is ours, founded on the words of our common Lord and Master; reference being made to the New Testament passages above mentioned.

Passages were then quoted from the address given by Abraham Lincoln at Gettysburg:

"We have come to dedicate a portion of this mountain as a final resting-place for those who here gave their lives that that nation might live."

"The brave men who died here have consecrated it far above our power to add or detract."

"It is rather for us to be here dedicated to the great task remaining before us, that from these honored dead we take increasing devotion to that cause for which they gave the last full measure of devotion; that we here highly resolve that those dead shall not have died in vain; that this nation, under God, shall have a new birth of freedom; and that government of the people, by the people, for the people, shall not perish from the earth."

The Committal took the form of the placing of twenty maple leaves, which had been picked from the trees of Canada's Capital City, on the grave, one by one, with these words:

For as much as it has pleased Almighty God to take unto Himself the souls of our comrades departed, we therefore now commit their earthly remains to this grave - a maple leaf from the Capital City of our beloved nation for each one, the symbol which marked them as Canadians wherever they sojourned in war - the emblem of the land they loved and for which they died. A gallant group of young Canadian gentlemen they were.

"They shall grow not old, as we that are left grow old;  
Age shall not weary them, nor the years condemn,  
At the going down of the sun and in the morning  
We will remember them."

The Committal Service was followed by the Prayer of Thanksgiving for the hope which is in Christ Jesus, and for the willingness with which our young men offered themselves and laid down their lives for the country which gave them birth.

Then came the prayer for the loved ones at home, the Lord's Prayer and the Benediction. After a brief pause, the Last Post was sounded by the R.C.A.F. Trumpeter. The Service was brought to a close by the



sounding of the Reveille and the saluting of each of the twenty-three Crosses, the one Star of David and the Cairn by the three Chaplains and the Officers present.

Two wreaths were then placed at the foot of the Cairn as a token of loving remembrance.

We realize most intimately that the belated discovery of the wrecked aircraft has broken open again the wounds of your sorrow and loneliness and all of us in the Royal Canadian Air Force join with you in your grief.

We must all of us recognize, however, that whether here or There, we are still in the Father's Hand and can look forward to that day when we shall know one another and love one another with a knowledge and love that are eternal in Christ Jesus our Lord.

In the meantime, it is our prayer that the Heavenly Father who gave His only and well beloved Son in sacrifice, even unto death, may grant you a peace that passeth all understanding and strength for the days ahead.

Yours very sincerely,

(R.M. Frayne)W/C  
Principal Chaplain (P) RCAF.



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

# WILL

R.C.A.F. R. 60  
50M-8-40 (6698)  
H.Q. 1062-3-45

Last  
Permanent  
Civilian  
Address

(1) I, DYNES Charles Laurie of the City  
Oakville in the County  
Ontario District of Appr. Mechanic  
Province of Ontario (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 173349 do hereby  
revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relation-  
ship  
(b) Names  
and  
(c) Address of  
beneficiaries  
and  
(d) What each  
is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto  
MY MOTHER: Mrs. Gladys Elmina Dynes  
17 Reynold Street  
Oakville Ont. MY WHOLE ESTATE

In the event that my Mother dies before me, I give, devise and bequeath unto

MY FATHER: Mr. Edgar Vernon Dynes  
17 Reynold Street.  
Oakville Ont. MY WHOLE 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 Mr. Harold Stirling of Dunn Street, Oakville Ont.  
(Name) (Address)  
( Garage Owner )  
to be the Executor of this my Last Will.  
~~Executrix~~

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of  
September 1942

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

C. L. Dynes  
(Signature of Testator)

First  
Witness  
sign here.

(5) Phillips Matley  
(Signature)  
3136 Westmount Blvd. Montreal  
(Address)

Clerk, R.C.A.F. R 154215  
(Occupation)

Second  
Witness  
sign here.

1237 Robinson St. Regina, Sask.  
(Address)

Clerk, R.C.A.F. R 172753  
(Occupation)

(Witnesses are not to be beneficiaries.)



[OVER]



#### NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—  
"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....\$.....00 and  
my household goods and effects",  
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. ....\$.....00",  
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....\$.....00",  
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....\$.....00",  
and any personal gift, if desired.
- (3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.
- (4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.
- (5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, 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.

#### GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.

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



Mrs. G. E. Dynes,

17 Reynold Street,

Oakville, 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. 1040-D-598 FD 216

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

September 18 1944

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

Dynes, Charles Laurie, LAC No. R173349

R.C.A.F.

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

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



*Howard Locke*  
for Director of Estates.

HO



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for                                                                                         | INFORMANT'S STATEMENT                                          |                           |                                                                                                                   |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------|
|                         |                                                                                                                                | NAME IN FULL of any Relative, if any, in each degree specified | Age                       | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1                       | Widow of the Deceased.....                                                                                                     | <i>None</i>                                                    |                           |                                                                                                                   |
| 2                       | Children of the Deceased and dates of their Births.....                                                                        | <i>None</i>                                                    |                           |                                                                                                                   |
| 3                       | Father of the Deceased.....                                                                                                    | <i>Edgar Vernon Dynes</i>                                      | <i>45</i>                 | <i>Oakville, Ont.</i>                                                                                             |
| 4                       | Mother of the Deceased.....                                                                                                    | <i>Gladys Elmina Dynes</i>                                     | <i>44</i>                 | <i>Oakville, Ont.</i>                                                                                             |
| 5                       | Brothers of the Deceased                                                                                                       | <i>Edgar Murray Dynes.</i>                                     | <i>24</i>                 | <i>Oakville, Ont.</i>                                                                                             |
|                         |                                                                                                                                | <i>James Robert Dynes.</i>                                     | <i>21</i>                 | <i>Oakville, Ont.</i>                                                                                             |
|                         |                                                                                                                                | Full Blood                                                     |                           |                                                                                                                   |
|                         |                                                                                                                                | Half Blood                                                     |                           |                                                                                                                   |
| 6                       | Sisters of the Deceased                                                                                                        | <i>Audrey Elaine Dynes</i>                                     | <i>17</i>                 | <i>Oakville, Ont.</i>                                                                                             |
|                         |                                                                                                                                | Full Blood                                                     |                           |                                                                                                                   |
|                         |                                                                                                                                | 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.              | Charles. Laurie Dynes      |
| 9  | Date of his birth.                       | Nov. 22, 1921.             |
| 10 | Place and date of his marriage.          | Single.                    |
| 11 | Place and date of his parents' marriage. | Aug. 20, 1920 Oakville Ont |

PARTICULARS OF DOMICILE

|    |                                                                                                                          |                                                                             |
|----|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 12 | Place where deceased was born.                                                                                           | Burlington, Ontario.                                                        |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Born in Halton<br>(b) County and lived there<br>(c)<br>(d) all his life |
| 14 | Nature of employment before enlistment.                                                                                  | Motor Mechanic                                                              |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated.                                       | Lived with Parents                                                          |
| 16 | Name place where deceased stated he intended to make his permanent home.                                                 | Oakville, Ont.                                                              |

PARTICULARS OF ESTATE

|    |                                                                                                                                                                                                                              |                                                                           |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 17 | Did he leave a Will? If in your custody, please forward.                                                                                                                                                                     | He left one with R.C.A.F.                                                 |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | Not married.                                                              |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?                                           | He did not leave Bank account                                             |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located.                                                                                                                                                 | \$155.00 Home - Oakville                                                  |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.                                                                                                                      | \$150. Registered at home<br>Paying on some taken in service              |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.                                                                                             | \$2000.00 Royal Ins. Co.<br>Montreal<br>Mrs. Gladys E. Dynes. Beneficiary |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.                                                                                                                                | None                                                                      |

OTHER PARTICULARS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | None. |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.                                                                                                                                                                                                    | No.   |
| <p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p> |                                                                                                                                                                                                                                                                                                                                                    |       |

(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

\* 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.

E. Vernon Dykes

{ Signature  
of  
Informant

Oakville, Ontario

Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief

E. Vernon Dykes

\*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 Oakville this 16th day of November 19 44

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

F. Harper

Qualification a Commissioner

Address

Oakville

Halton

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



To be made out in duplicate

M.F.M. 5  
100M—6-40 (5453-4)  
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

(1) Name of Officer or Other Rank DYNES CHARLES LAURIE  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R173349 AC2

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

(4) Are you married? NO

(5) If married, state,

(a) Full name of your wife NA

(b) Present postal address of wife NA

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

NA

(7) Are you a widower? NO

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

Names and ages

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

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

Name NA

Postal Address NA

|                         |          |
|-------------------------|----------|
| R.C.A.F. Records Office |          |
| Rec'd SEP 14 1942       |          |
| O. K.                   | C. I. B. |
| R. C.                   | N. I.    |
| S. L.                   | P. A.    |

[SEE OTHER SIDE]



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

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

(11) Is your father alive?..... **YES**

If so, state name and address, occupation..... **DYNES EDGAR VERNON**

**17 REYNOLDS STREET, OAKVILLE, ONTARIO GARAGE OWNER**

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

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

..... **NA**

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

(14) Is your mother alive?..... **YES**

If so, state name and address..... **DYNES (MRS.) GLADYS ELMINA**

**17 REYNOLDS STREET, OAKVILLE, ONTARIO.**

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

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

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

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

If so, state the following particulars:—

Relationship..... **NA**

Full Name .....

Postal Address .....

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

..... **NA**

(18) Are you insured?..... **YES**

If so, in what Company?..... **DOUBTFUL**  
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... **NO ARRANGEMENTS MADE.**

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.

*Charles Laurie Dynes*  
(Signature of officer or man)

Date..... **SEPTEMBER 3RD., 1942.**

Officer Commanding **FOR (H.O. McDONALD) W/C**

Date..... **SEPTEMBER 3RD., 1942.**

**No. 1 M**

**DEPOT R.C.A.F. TORONTO**

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