R189987
HUTCHINSON
JOHN ALEXA

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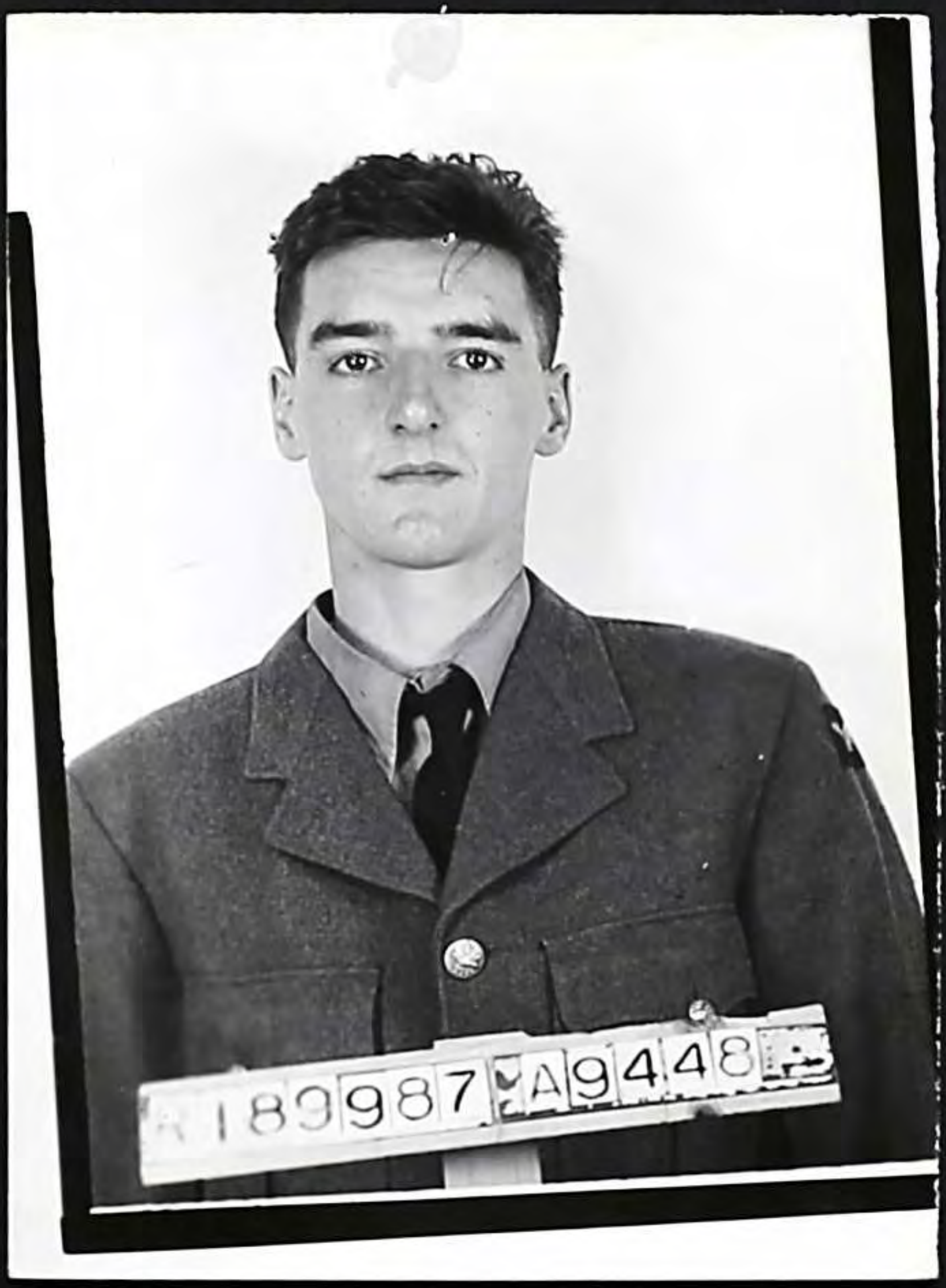
A189987 A9448

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name HUTCHINSON, JOHN ALEXANDER R-1 8 9 9 8 7

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

Age 20 Height 5' 10" Weight 145

Hair BROWN Eyes BROWN Hair on face MEDIUM

Marks, scars, etc. SMALL SCAR LEFT UPPER LIP

John Hutchinson (Signature of holder)

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

Place #5 "M" DEPOT LACHINE P.Q. Date OCTOBER 5th, 1942.

Personal number 94406

CAN R189987
AIRMAN JA
HUTCHINSON
DRES RCAF

R0189987 HUTCHINSON JOHN A LAC6

1 NUMBER 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.~~ WAR ~~SER.~~ MEDAL	C.V.S.M.				
AWARD										✓	✓				
AWARD AND CLASP															
APPLICATION DISPATCHED															
RIBBON ISSUED															
MEDAL ISSUED															

107978

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Elizabeth E. Hutchinson (mother)
60 Avenue Road,
Toronto,
Ont.

Jan.-44.

MEMORIAL BAR
DATE DESP.
REGN. NO. A 652

9113
~~3902~~ 27/10/49

JOHN A.HUTCHINSON, R-189987

MRS.ELIZABETH E.HUTCHINSON,601,591

132A AVENUE RD.,APT.B.,
TORONTO 4,ONT.

NAME HUTCHINSON, John Alexander

FILE NO. 1040-H-607

RANK L.A.C. CATEGORY KILLED REG. NO. R189987

DATE OF DEATH: 10-Sept-43 MOTHER LIVING: Yes WIFE: NA

MINISTERIAL CARD: 4/10/43 ROYAL MESSAGE: 18-1-44 MEMORIAL CROSS TO CHAPLAIN: 13-1-44

To mother To mother DEL'D TO MOTHER: 19-1-44

DEL'D TO WIFE:

Mrs. Alexander Wallis Hutchinson,
60 Ave., Road.,
Toronto, Ontario.

COMMAND: NO 1TC

RELIGION: Pres.

AIR FORCE No. R.189987 R

SURNAME: HUTCHINSON, FULL CHRISTIAN NAMES: JOHN ALEXANDER

ENLISTMENT PLACE Montreal P2 DATE 14-9-42

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE 28-10-21 PLACE Sask CITIZENSHIP 2 British

FATHER (FULL NAME) Alexander Wallace Hutchinson deceased

BIRTHPLACE Port Rowan Ont.

MOTHER (FULL MAIDEN NAME) Elizabeth Ellen Stewart

BIRTHPLACE Prince albert Sask

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Sask

JUNIOR MATRICULATION X Sask

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

6

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

Office clk (Diff. Positions) 1937-1940
Jr. clk (Dominion Sound Equipment) 1940-1942

8350

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTIONS

AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 4 hrs.

13. RELIGION Presb.

4

14. LANGUAGES English

1

15. SPORTS All Sports Ext

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: Elizabeth Ellen Hutchinson RELATIONSHIP Mother

ADDRESS: 21 Hillsboro Ave. Toronto D.R.O. 287.78

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.
Entitlement paid 56	14	9	42	July 1/89					
Inf. Pay 1 A.G.T. (day)	1/2	2/2	43	5M229					
Awarded 48 hours detention	2	2	43	5M229					

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
dur.	14	9	42						

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

22.(A) ADDRESS PRIOR TO ENLISTMENT

320 Victoria Ave. Westmount Montreal

2 ne

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	RX
	10-6-42					

AIR FORCE No. R.189987

SURNAME: HUTCHINSON, FULL CHRISTIAN NAMES: JOHN ALEXANDER [redacted]

ENLISTMENT PLACE Mmt real P2 DATE 14-9-42

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

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

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	13 R.C. Mtl	14	9	42	Mtl 1/C89
SOS	13 R.C. Mont	1	10	42	Mtl 1/C99
TOS	5 MD Lachine	2	10	42	5MD 236
SOS	#5 MD Lachine	29	11	42	5MD 284
TOS	#4 MD Quebec Que	30	11	42	4MD 286
SOS	4 MD Quebec	29	1	43	4MD 16
TOS	5 MD	30	1	43	5MD 26
TOS	25F Uplands	14	3	43	25F 70
SOS	25F Uplands	2	4	43	25F 83
TOS	3 ITS Victoriaville amended	3	X	4	43 3ITS 84
SOS	3 ITS. Victoriaville	11	6	43	3ITS 141
TOS	11 C.F. Cap de la Madeleine	13	6	43	11CF 92
SOS	11 C.F.	7	8	43	11CF 95
TOS	13 S.F. St. Hubert	8	8	43	13SF 191
SOS	5 M.D.	18	3	43	5MD 67
TOS	13 SF St. Hubert	8	3	43	13SF 191
	WSC	4	10	44	
	Killed in Flying accident	10	9	43	135F 2924
200/19	COMPLETED	16	5	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	14	9	42	Mtl 1/C89
LAC	11	6	43	3 ITS 141

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
10-9-42	R100	A1B43B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
air crew	S	14	9	42	Mtl 1/C89
A/B (WTS)	R	29	11	42	5MD 284
A/C Plt	Std	11	6	43	3ITS 141

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
15-9-42	1-10-42		L W.P.	Mtl 1/C89
		5	New Years	4MD 301
19-1-43	30-1-43		special	4MD 16

6(A) RATIONS AND QUARTERS

UNIT	DATE COMMENCED	DATE DISCONTINUED	D.R.O.

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

No. 3 MEDICAL SELECTION BOARD,
No. 3 INITIAL TRAINING SCHOOL, R.C.A.F.,
VICTORIAVILLE, P.Q.

CONFIDENTIAL

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

2

MWV

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Montreal, Quebec. *Date* 3-8-42

Surname HUTCHISON *Chr. Names* JOHN ALEXANDER
Nature of Commission M2 *Date of Birth* 28-10-21 *Married or Single* single
Branch General List *Hours Flown* none
Address 320 Victoria Avenue, Montreal, Quebec.

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 Mild Hay Fever for past 10 years in March (2 weeks)
(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 NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids Conjunctivitis when he is suffering from Hay fever
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 Common cold, just now.
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 Measles, mumps, in childhood.
Broken rt. forearm 9 years ago, no sequelae.

Education High School completed
Present Occupation Jr. clerk Hobbies none
Previous Service none
Athletics all sports extensively
Habits—Smoking 3 cigarettes per day Alcohol beer once in a while
FAMILY HISTORY—Consumption no Diabetes no Haemophilia no
Nervous Ailments, Mental Trouble, or "Fits" no
Father Alive—Health Dead—Cause 64 yrs. old. Heart disease.
Mother Alive—Health good Dead—Cause
Brothers (0) Alive—Health (0) Dead—Cause
Sisters (5) Alive—Health good (0) Dead—Cause

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

Date Aug. 3/42 *Signature* John Hutchinson *Witness* J. C. Dorset M.D.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... good ..... *(b)* Mentality ..... average .....
Body Marks, Scars, Deformities ..... small scar rt. forearm, left elbow. .....
Size of Thyroid Gland ..... normal .....
Surgical Abnormalities ..... nil .....
Results of Wounds, Injuries, Operations ..... nil .....

	Date 3-8-42	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	70			
Weight (lbs.)	135			*Date*
Chest Circumference (ins.)	33-35			
Body Build (lbs.)	-10			
Leg Length (ins.)	40			
Pulse Rate — Sitting	84			
Pulse Rate — Standing 1st	108			
Pulse Rate — Standing 2nd	96			
Pulse Rate — After Exercise	120			
Pulse Rate — Time to Normal	30			
Arterial Walls	soft			*Date*
Blood Pressure — Systolic	120			
Blood Pressure — Diastolic	82			
Room Temperature	normal			
Heart — Size (in cms.)	normal			
Heart — Sounds	clear			
Heart — Rhythm	regular			
Lungs — Inspection	N			
Lungs — Palpation	N			
Lungs — Percussion	N			
Lungs — Auscultation	N			
Lungs — Expiratory Force	140 mm			
Lungs — X-Ray	NEG			*Date*
Reflexes — Knee	N			
Reflexes — Ankle	N			
Reflexes — Triceps	N			
Reflexes — Abdominal	N			
Reflexes — Plantar	Flex			
Cranial Nerves	Normal			
	R. L.	R. L.	R. L.	
Balancing Rod	N.A.			
	R. L.	R. L.	R. L.	
Self Balancing	1S 1S			
Tremors — Fingers	nil			*Date* 3-8-42
Tremors — Eyelids	F T			Skin disease chest and both arms - to come back after it cleared up
Abdomen — Liver	not palp			
Abdomen — Spleen	normal			
Abdomen — Muscular Tone	good			JCD
Urine — Albumen	negative			
Urine — Sugar	negative			
Initials of M.O.	JCD			

40 mm. Hg. Test ..... 65 = 7. 9 9 8. 9 7 7. 6 5 6. 5 5 6. 6 JCD .....
Date .....
Date .....
Date .....
Date .....

EYE EXAMINATION

History: Nil

Visual Acuity	R. 20/20, c̄ =		
	L. 20/20, c̄ 2.5D = 20/200		
Colour Vision	Negative Ishihara		
Red, Green	M.R. Ortho		
Diaphragm Test (P.D. = 6.7)	4 out at 1.2		
Convergence	C. = 7 cms.		
	S. C. = 9 cms.		
Accommodation	R. 8 Bl.		
	L. 8 Bl.		
Cover Test	Mod. Div. Dev. R.R.		
Fundi and Media	normal		
Fields	normal		
REMARKS:	A1BA3B		
	Initials of M.O. RBD	*Initials of M.O.*	*Initials of M.O.*
	Date Aug. 3/42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History: Nil

Hearing	R. Ear	WV 20		
	L. Ear	WV 20		
External Ear, Meatus Membranes	R. Ear	x 9-9-42 Normal		
	L. Ear	x Normal		
Middle Ear, Eustachian Tubes	R. Ear	x Patent		
	L. Ear	x Patent		
Cochlear Apparatus	R. Ear	-----		
	L. Ear	----		
Vestibular Apparatus	R. Ear	------		
	L. Ear	-----		
Buccal Cavity		healthy		
Teeth		partial upper and lower denture		
Gums		healthy		
Pharynx		healthy		
Nasopharynx		not seen		
Nose		healthy		
Larynx		not seen		
REMARKS:	Wax to be removed from ears. ATBT			
9-9-42 Fit A1BA3B		*Initials of M.O.* RBD	*Initials of M.O.*	*Initials of M.O.*
		Date 3rd Aug./42	*Date*	*Date*

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

3-8-42 Pleasant type of applicant, intelligent, quiet, willing to serve; just now he is suffering of skin disease on chest and both arms, this should clear out before enlistment; wax to be removed from both ears.

Category ATBT J.C.Doucet M.D.

9-9-42 Skin disease (acne) cleared out. Wax removed, drum Patent.
Fit for Air Duties.

Category A1BA3B J.C.Doucet M.D.

FIT Date 14/9/42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

M.O.

13.10.42
History of hay fever and conjunctivitis. — May cause trouble.
Cat. A1B
A3B Turret
A3B
A3B Vision
R. Livesey F/L
No. 5 M.D.

N.O.K: Mrs Elizabeth E. Hutchinson. (mother
21 Hillsboro Ave Toronto.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

14-9-42

Priest.

hwp R.C.A.F. Special Reserve

AIR FORCE No. R.189987 POSTED TO #13 R.C.,Mtl.,P.Q. TRADE Aircrew

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname HUTCHINSON FULL Christian Names JOHN ALEXANDER
2. Present Address 320 Victoria Ave., Westmount, Montreal, Que. Telephone De. 8757
3. Permanent Address 320 Victoria Ave., Westmount, Montreal, Que.
4. Place of Birth Saskatoon, Sask. Citizenship Canadian
5. Date of Birth October 28th, 1921. Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children None

Name	Date of birth	Name	Date of birth
N. A.			

7. Occupation Junior Clerk 8. Religion Protestant, Presbyterian (State denomination)
9. Languages English fluently. (State proficiency)
10. Next of Kin (Full Name) Elizabeth Ellen Hutchinson Relationship Mother
    " Address 401 Metcalfe Ave., Westmount, Montreal, Que.
11. Father (Full Name) Alexander Wallis Hutchinson Birthplace Port Rouen, Ont.
    " Address Deceased Citizenship Canadian
    " Occupation Lawyer
12. Mother (Full Maiden Name) Elizabeth Ellen Stewart Birthplace Prince Albert, Sask.
    " Address 401 Metcalfe Ave., Westmount, Que. Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service: None

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

R.C.A.F. Records Office Rec'd. OCT 6 1942 C.I.B. N.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? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? No
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? No If so state nature N.A.
20. Are you in debt? No If so, state particulars N.A.

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

531-53.

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	BuenaVista School, Saskatoon, Sask.	1926	1934	Primary 8th grade
High School—Collegiate Institute, etc.	Lutana Collegiate, Saksatoon, Sask.	1934	1937	High School Completed.
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Different positions, Montreal, Que.	Office clerk	1937	1940	Better position
Dominion Sound Equipment Montreal, Qeu.	Jr. clerk	1940	----	Still employed.

23. Flying Experience (in Hours) Solo None Dual None Passenger 4 hours.

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

25. Sports engaged in. State: extensively, moderately, occasionally

All sports, extensively.

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

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

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

Name	Address	Occupation
Mr. McCormick	Westmount, Que. Greenhouse, City of Westmount,	Superintendant.
Mr. J. H. Duckworth	N.D.G., Y.M.C.A., Notre Dame de Grace, Que.	Secretary
Mr. McFarlane	West ount Y.M.C.A., Westmount, Que.	Asst. Secretary
Mr. Denning	Dom. Sound Equip. Ltd., 1620 Notre Dame St.W., Montreal, Que.	Accountant.

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 July 23rd, 1942. Signature John Hutchinson

CFL.

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. 83/76 Montreal, 14/9/42
Lavoie Sgt.

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

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

Trade in which tested.....

Result.....

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

.....

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

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

I, John Alexander Hutchinson, 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 September 14th, 19 42. John Hutchinson
Signature of Recruit

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

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

Date September 14th, 19 42 John Hutchinson
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 14th day of Sept. 19 42

R. Hoagell Flo
Signature of Officer — Rank — #13 Recruiting Centre, Mtl., P.Q.
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	No	(k) Ear Disease	No
(c) Bronchitis or Asthma	No	(l) Eye Disease	No
(d) Heart Disease	No	(m) Epilepsy	No
(e) Kidney or Bladder Disease	No	(n) Nervous or Mental Disease	No
(f) Gastro-intestinal	No	(o) Syphilis	No
(g) Rupture	No	(p) Gonorrhoea	No
(h) Varicose Veins	No	(q) Bone Fracture	Broken rt. forearm 9 years ago
(i) Flat or Deformed Feet	No	(r) Other Disease or Defect	Measles, mumps.

3. Have you ever worn glasses? No

4. Have you had any illness for more than one week's duration. No

I certify that I have given full medical information and have not withheld any relevant information.

John Dutchinson
Signature of Applicant

Examiner's Remarks *re* above None.

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

1. Identification marks or scars (if operative obtain history) Small scars rt. forearm, left elbow.

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

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

6. Development { Good ✓ / ~~Fair~~ / ~~Poor~~ } 7. Chest Measurement—Full expiration 33 inches

Range of expansion 2 inches

8. Hearing—Right Good W/W 20 Left Good W/W 20 Tympana—Right N. Left N.

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

Left 20/20 Left N.A.

10. Condition of mouth and teeth Partial upper & lower dentures

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination Skin disease chest and both arms, to come back after it clears out. ~~A1B1~~

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 A1BA3B

10.9.42 X. Ray 143483 Neg. J.C.D.

Any special remarks of the Medical Officers

Wart to be removed from both ears.

9/9/42. Skin disease cleared out (acne). Wart removed.

Fit: A1B A3B J.C.D.

Part 2 Cont'd.

13. Reflexes N.

14. Heart N.

15. Lungs N.

16. Blood Pressure 120/82 S. D.

17. Colour Vision N. Ish.

Date August 3rd 1942.

[illegible] F/Lt
President

J.C. Dowell W/C
Member

Member

MEMORANDUM FOR

P. 64

Mrs. Elizabeth E. Hutchinson,
60 Avenue Road,
Toronto, Ontario.

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

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

and the following number quoted:—

H.Q. 1040-H-607 FD 258

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 14th 1943

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

HUTCHINSON, John Alexander, LAC

No. R.189987, R.C.A.F.

ESTATES BRANCH OCT 26 1943 H. Q. OTTAWA NATIONAL DEFENCE

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

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

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

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

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

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

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

DBS/MB.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		not married		
2	Children of the Deceased and dates of their Births		N. A.		
3	Father of the Deceased		Alexander Wallace Hutchinson		(Deceased). April 11th 1935.
4	Mother of the Deceased		Elizabeth E. Hutchinson.	51.	
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Jean E. Johnston.	30	Montreal.
			Mrs. Grace M. Solomon.	29.	Granby. Que.
			Mrs. C. L. Sweeney.	26.	Toronto.
			Mrs. Ed. Duffield	24.	Dartmouth. N.S.
			Miss Ellen Hutchinson	16.	Toronto.
		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	John Alexander Hutchinson
9	Date of his birth	Oct. 28th. 1921.
10	Place and date of his marriage.	N.A.
11	Place and date of his parents' marriage.	Montreal. Oct. 6th, 1908.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Saskatoon. Sask.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Saskatoon. 15 years. (b) Montreal. 6 years. (c) (d)
14	Nature of employment before enlistment.	Dominion Sounds Equipment. (Office Work).
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Montreal Can

PARTICULARS OF ESTATE

17	Did he leave a Will?	Can Air Force Will.
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?	N.A.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	No.
20	Amount of War Savings Certificates held by deceased.	Do not know
21	Amount of Victory Loan Bonds held by deceased.	Do not Know.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	No.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (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.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or 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.)

(PLEASE TURN OVER)

DECLARATION

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

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

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

Elizabeth E Hutchinson } Signature of Informant

60 Avenue Rd. Toronto Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Elizabeth E Hutchinson {Name of Informant} is the* mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Toronto this 25th day of October 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } F/L G. D. Woodhead Qualification Chaplain, R.C.A.F.

Address No 1 Training Command RF

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

Aircrew

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.189997 (A.F. No.) | Hutchinson (Surname) | John Alexander (Christian Names) | Presbyterian (Religion)

Born 28-10-21 Place Saskatoon - Country Canada Citizen of Canada Racial Origin Canadian

PARTICULARS OF FAMILY ~~M.~~ S. ~~D.~~ ~~W.~~

Wife's Maiden Name | Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

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

Mrs Elizabeth Ellen Hutchinson (Mother)
21 Hillsboro ave, Toronto, Ont.

CIVIL EDUCATION			CIVIL OCCUPATIONS AND EXPERIENCE
High School Entrance ✓	Jr. Mat. ✗	Sr. Mat.	Office Clerk. 1937-1940
Technical School	Business Courses		Yd Clerk - 1940 to date.
University			

PREVIOUS SERVICE	ENLISTMENT		Med. Cat.	Date	Med. Cat.	Date
NA	Date	14-9-42	A1B A3M	9 9 42		
	At	Montreal.				
	Term	Duration				

Rank	Auth.	Date	Trade	Auth.	Date
AC2		14 9 42	Aircrew		14 9 42
LAC.	DRO 141/43.	11 June 43.	Aircrew (I.T.S)	DRO 254/42	28 11 42
			Rem. U/T. Pilot Std	DRO 141/43.	11 June 43.

Trade Tests and Courses: Trade	GP	%	P or F	Date
Aircrew	S		P	
Rem. U/T. Pilot Std.				11 June 43

LEAVE: From	To	Auth. and Description
15-9-42	1-10-42	OLWP
19-1-43	30-1-43	DRO 16 (Ind. sp.)

Character and Trade Assm. Honours, Awards and Mentions: Date	Character	Trade and Assm.	Honours and Awards	Auth.

R.C.A.F. R.44C
20M—1-42 (1526)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
MOR.13	#13 R.C. MH	#13 R.C. MH	14-9-42				
	#13 R.C.	#5 M DEPOT	1-10-42				
	MONTREAL	LACHINE					
DRO. 236-42	T.O.S. No5 M.D.	Lachine P.Q.	2-10-42				
DRO284/42	5 M D	4 M D	29-11-42				
DRO16	#4 M.D	#5 M.D					
	Quebec	Lachine	29-1-43				
DRO26-43	TOS No5	M D Lachine	30-1-43				
DRO29.43	Forfeits one day's Pay (A.W.L)		4-2-43				
	Forfeits 2 days' Pay - balance						
	awarded 48 hours detention		2-2-43				
DRO 67/43	No5 MT	No2 SFTS	18/3/43				
DRO.70 TOS	5 M Depot	2 SFTS	19 Mar. '43				
DRO.83 SOS	2 SFTS	Course 76, 3 TTS					
	Uplands	Victoriaville	Apr. 2/43				
DRO 141/43.	#3 I.T.S.	#11 E.F.T.S.					
	Victoriaville P.Q.	Cap De La Madeleine	11-June-43.				
DRO.95/43	11 E.F.T.S.	13 S.F.T.S.					
	Cap de la Madeleine	St Hubert	7-8-43				
	P.Q.	P.Q.					
DRO.220	S.O.S. Killed in flying						
	accident		10-9-43				

R.C.A.F. FORM A.28
40M—12-41 (1370)
H.Q. 885-A-28

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT Montreal Que ON Pay 2-10-42 / 14-9-42

MARRIED OR SINGLE Single

No. R189987 NAME IN FULL Hutchison J D.

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.	Casualties Affecting Rate of Pay
236	2-10-43	AC2	S	A.S.	1 30		1 30	NA	
141	11-6-43	LAC	S	A.S.	1 50		1 50		Recl. L.A.C.
72	13-6-43	LAC	S	A.S.	1 50	75	2 25		F/P.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Hutchison, Elizabeth (Mother) (Vol. Assgt.)	1-11	10 00	10 00
" " "	1-12	10 00	20 00
Mrs Elizabeth Hutchison	1-7-43	23 00	23 00
" " —	1-10-43	23 00	—

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
10-12-42	Mother, 2A. Dep't.		

REMARKS: N.D.T. CLASS.

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
1-7-8	7	15 75					15 75	6 00						23 00	29 00		13 25	S.O.S. To #135 FTS. D095 7-8-43.
8-31-8	24	54 00					54 00	17 00		13 25			10 00		40 25	13 75	—	DR0191 FTS 4 Aug 8/43.
1-30-9	30	67 50					67 50	23 00										
~~1-20-9~~	~~20~~	~~45 00~~					~~45 00~~	~~15 00~~									~~44 50~~	S.O.S. Killed in flying accident D122 20/9 20 Feb/43.
						44 50												

CERTIFIED TRUE COPY
R.G. Coleman F/L

FORM F

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

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

1. PLACE OF DEATH

Municipal county: St Hyacinthe

Official name of civil municipality or township: Ste Angele de Monnoir, P.Q.

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: 2 Miles South of Ste Angele

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: HUTCHINSON

Given names: JOHN (Block letters) ALEXANDER

4. RESIDENCE

Street: Hillsboro Ave No. 21

Official name of civil municipality or township: Toronto Ontario

Municipal county: Province:

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M	Canadian	English	Single

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

10. BIRTHPLACE (Province or Country): Ontario, Canada

11. DATE OF BIRTH: October (Month) 28 (Day) 1921 (Year)

12. AGE OF DECEASED: Years 21 Months 10 Days 27 — If less than one day old ____ hrs. or ____ min.

OCCUPATION

13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.: Pilot U.T.

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

15. Date deceased last worked at this occupation: 10-9-43

16. Total years spent in this occupation: 2 Years

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Alexander Hutchinson	Ontario
MOTHER (Maiden name)	Elizabeth Hutchinson	Ontario

19. Place of burial, cremation or removal: Mount Royal Cemetery

20. Date of burial: September 14th 1943

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church: United Church

(b) Civil municipality of: Longueuil, P.Q.

(c) Municipal county: Chambly

(d) Date: 14 September (Month) (Day) 1943 (Year)

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be kept strictly confidential, the attached flap by moistening the gummed edge and sticking it down carefully. He shall then fold the flap.

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: 10 September (Month) 1943 (Year) (Day)

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) Fractures & Avulsion of Skull, Partial Decapitation, Mult. Fracts and crushing.

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~~? Yes (State which) Date 10 Sept, 19 43

Manner of injury (How sustained)

Nature of injury

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

Signed: Dr Lorenzo Beauregard M.D.

Address: Marieville Date 11 Sept 1943

28. Signature of person who fills in the form (curator, coroner, hospital authority, etc.): G.T. Carson (G.T. Carson) F/L

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: Rev. W.P. Tanner

(Voir l'autre côté pour le français)

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

I PERMIT THE BURIAL
Dr Lorenzo Beauregard

Name of Undertaker (For cities only)

ENCLOSURE No: 6

Le certificat médical sous ce pli scellé est CONFIDENTIEL et SECRET

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

AUTORISATION DE PROCÉDER À L'INHUMATION et au TRANSPORT

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

A — une cause naturelle, non violente, non infectieuse, ni épidémique

B — une mort violente, subite, accidentelle ou imprévue (Coroner)

C — une cause naturelle, MAIS INFECTIEUSE ou CONTAGIEUSE (Règlements d'hygiène)

et qu'on NE PEUT procéder à l'ensevelissement, ni au transport ni à l'inhumation sans se conformer aux prescriptions de la loi des coroners (Ch. 155 S. R.) ou de la loi de l'Hygiène publique et des règlements faits sous son empire.

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

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

FORMULE F

Cette formule placée dans une enveloppe marquée "Statistique fédérale-Franco. Pénalité pour usage illégal—$300," et correctement adressée, jouira de la FRANCHISE POSTALE

PROVINCE DE QUÉBEC — BULLETIN DE DÉCÈS — MINISTÈRE DE LA SANTÉ ET DU BIEN-ÊTRE SOCIAL

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution ..... *Années* ..... *Mois* ..... *Jours* ..... (b) dans la municipalité du décès ..... *Années* ..... *Mois* ..... *Jours* ..... (c) dans la province ..... *Années* ..... *Mois* ..... *Jours* ..... (d) au Canada (s'il s'agit d'un immigré) ..... *Années* ..... *Mois* ..... *Jours* .....

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Écrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint .....

10. LIEU DE NAISSANCE (Province ou pays) .....

11. DATE DE NAISSANCE ..... (jour) ..... (mois) ..... (année)

12. ÂGE DU DÉFUNT

Années	Mois	Jours	Si âgé de moins d'un jour
			..... hrs. ou ..... min.

OCCUPATION

13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc. .....

14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc. .....

15. Dernière date à laquelle le défunt vaquait à ce travail .....

16. Nombre d'années occupées dans cette profession .....

17. NOM .....

18. LIEU DE NAISSANCE (Province ou pays) .....

PÈRE .....

MÈRE (Nom de fille) .....

19. Lieu de l'inhumation de l'incinération ou destination du transport .....

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... (jour) ..... (mois) ..... 19..... (année)

Le médecin traitant, ou le coroner, doit gratuitement remplir, signer et délivrer ce certificat médical et y attester la ou les causes du décès. Pour rendre son attestation CONFIDENTIELLE, il doit la recouvrir de l'appendice attaché, humecter le pourtour gommé et le coller avec soin dans le cadre approprié. Il doit ensuite certifier par ses initiales le recto de cet appendice.

PLIER EXACTEMENT AU POINTILLÉ et ÉVITER DE LAISSER BAILLER

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... (jour) ..... (mois) ..... 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le ..... 19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate

Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: dû à syncope, asphyxie, asthénie, etc. (a) .....

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). dû à (b) ..... (c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ..... 19..... (b) Durée de la maladie ..... jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? ..... Date de l'opération ..... 19.....

Constatations ..... Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence) :—

Accident, suicide ou homicide ..... Date ..... 19.....
(Spécifier)

Manière de la blessure .....
(Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée au lieu du travail, dans l'habitation ou dans un endroit public .....

Signature ..... **M.D.**

Adresse ..... **Date** ..... 19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.) .....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture. .....

(For English see other side)

ÉCRIRE LISIBLEMENT AVEC UNE ENCRE INDÉLÉBILE.
CECI EST UN DOCUMENT PERMANENT.
Chaque information doit être donnée minutieusement.

Nom de l'entrepreneur de pompes funèbres (*Pour les cités seulement*)

The medical certificate under this sealed flap is CONFIDENTIAL and SECRET

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

AUTHORITY FOR BURIAL or TRANSPORT

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

A

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

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

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

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

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

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

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

WILL

R.C.A.F. R. 60
40M—5-40 (5140)
H.Q. 1062-3-45

(1) I, John Alexander Hutchinson. of the City / ~~Town~~ / ~~Village~~ / ~~Township~~

Last Permanent Civilian Address

of Westmount in the County / ~~District~~ of Cartier

Province of Quebec, Junior Clerk (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 189987 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

My Mother.

Elizabeth Ellen Hutchinson.

37 Hillsboro Ave., Toronto, Ont.

All my Estate

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Elizabeth Ellen Hutchinson (Name) 37 Hillsboro Ave., Toronto, Ont. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this Third day of October 1942.

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

John Hutchinson (Signature of Testator)

First Witness sign here.

(5) R. Gareau (Signature)
5676 McLynn Ave
Montreal (Address)
Clerk (Occupation)

Second Witness sign here.

P.P. Reppyo (Signature)
742 Beaty Ave
Verdun (Address)
Clerk (Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd OCT 6 1942
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

[OVER]

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

APPENDIX "A"
M.10/28

AGREEMENT

Personnel Posted on Leave Without Pay
Aircrew, Radio Mechanics (U.T.) and Airwomen.

I, the undersigned, do acknowledge that I have read, understand, and agree to the following conditions of service upon being accepted for enlistment in the Royal Canadian Air Force and granted leave of absence until such date as my period of duty becomes effective:

(a) That during the period of such leave, I will not be entitled to, nor will I receive any Pay or Allowances or Medical Services from the Royal Canadian Air Force.

(b) That if during the period of such leave I should sustain any injury or suffer any illness resulting in my becoming physically or mentally unfit, I will not be entitled to be paid any disability pension by the Crown by reason of such injury or illness.

(c) That until I report after the period of such leave I will not be entitled to any issue of uniform or equipment.

(d) That during the period of such leave I will not be entitled to wear any R.C.A.F. uniform or equipment.

(e) That from the date of my enlistment and during such period of leave, I will be subject to Air Force Law and Discipline.

(f) That if I marry during the period of my leave, dependents' allowance will not be payable until my completion of six months' service for which pay is admissable, or upon the completion of my R.C.A.F. training, whichever is the longer; (NOTE: THIS CLAUSE NOT APPLICABLE TO AIRWOMEN).

E. Kennedy LAC — (Witness)

John Hutchinson — (Signature of Recruit)

MONTREAL, P.Q. — (Place)

SEPTEMBER 11th, 1942. — (Date)

LEAVE OR PASS FORM

Date **SEPTEMBER 11th, 1942.**

No. **R.189987** Rank **AC.2** Name **HUTCHINSON, John Alexander**

was enlisted in the Royal Canadian Air Force on the **14th** day of **September,** 1942 and has been granted leave of absence without pay from the **15th** day of **September,** 1942, until the **1st** day of **October,** 1942, inclusive, and ordered to report to the R.C.A.F. Recruiting Centre at Montreal Que., on the day following the expiration of leave, beginning the journey to the Recruiting Centre on that day or as soon thereafter as transportation facilities permit (but in no instance before midnight on the last day of leave). (NOTE: If, contrary to these instructions, the journey is begun prior to the hour and day stipulated it will be entirely at the recruit's own risk in the event of injury, loss or damage, and pay and allowance will not begin until the day following the expiration of leave).

A.F.M. 23 (a)
22-4-42.

(Signature of Attesting Officer)

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R189987 RANK LAC TRADE U/T PLT. UNIT 13 SF ST.HUBERT QUE.

NAME HUTCHINSON, JOHN ALEXANDER

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

MARITAL STATUS SINGLE WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. ELIZABETH E. HUTCHINSON, (MOTHER)
ADDRESS 60 AVE., ROAD, TORONTO, ONT.
ADDRESS D.A.B. AGREES

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. E. E. HUTCHINSON, (MOTHER)
ADDRESS 21 HILLSBORO AVE., TORONTO, ONT.

RELIGION PRES. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MRS. ALEXANDER WALLIS HUTCHINSON,
ADDRESS 60 AVE., ROAD., TORONTO, ONT.
FATHER LIVING ON ENLISTMENT NO
MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT ~~XXXXXXXXXXXX~~ ANY TIME ~~XXXXX~~ NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO
IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? ~~YES~~/NO
IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

AUTHORITY CAS. SIG. NO. ~~XXXXXXXXXXX~~-----13SFTS-----AC18----d-10-SEPT-43. 7855

CASUALTY DETAILS:

"KILLED" 10-SEPT-43 AS A RESULT OF A FLYING ACCIDENT
(ABOUT THREE MILES SOUTH SAINT ANGELE DE MONNOIR.)

(SEQUENCES 10 15 17 20 22)

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 22-SEPT-43.

E. Gallant
FOR CHIEF OF THE AIR STAFF

ESTATES BRANCH OCT 5 1943 OTTAWA NATIONAL DEFENCE

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

A-6559

DECEASED MEMBER'S NAME: John, A. (CHRISTIAN NAMES) Hutchinson (SURNAME)

PAYEE: Mrs. Elizabeth, E. Hutchinson

ADDRESS: 586 Spadina Ave., Toronto, Ont.

REGISTER NO. 20078
FILE NO. 8 June/45
DATE
SERVICE NO. R189987
FINAL RANK OR RATING LAC
DATE OF DISCHARGE 10 Sept/43

DATE OF TERMINATION OF OVERSEAS SERVICE N/A

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 340 / 30 EQUAL TO 11 COMPLETE PERIODS AT $7.50	82.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY	
C. SUPPLEMENT FOR OVERSEAS SERVICE	
D. WAR SERVICE GRATUITY	82.50
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	82.50
G. YOUR PORTION OF GRATUITY IS—	
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 25.00 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 25.00 — R. C. N. I. R. A. L. OF $ 82.50 =$	82.50

DAILY RATES AT DISCHARGE

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

JUN 23 1945
C.I.B.

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
DV	JFM

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. NO. R.-189987 NAME Hutchison J.A.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	Mins	2ND PILOT (B) Hrs	Mins	DUAL (C) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	Mins	2ND PILOT (E) Hrs	Mins	DUAL (F) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	Mins	2ND PILOT (H) Hrs	Mins	DUAL (J) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	Mins	2ND PILOT (L) Hrs	Mins	DUAL (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
#11-E.F.T.S.																																				
June	20						6.	50																											6.	50
"	27						1.	50																											1.	50
July	4.			15			2	55																											3.	10
"	11.		2.	25			3.	05																											5.	30
"	18.		12.	40			5.	30																											18.	10
"	25		8.	45			4.	15																											13.	00
	Aug 1		8	15			4	25					2	00																					14	40
	" 6		2	10			6	15	1	00			2	20																					11	45
TOTAL			34	30			35	05	1	00			4	20																	7	10			74	55
13 SFTS Aug 10th - Sept 10/43			11	10			20	25																											31	35
GRAND TOTAL			45	40			55	30	1.	00			4	20																	11	45	6	35	106	30

Chief Flying Instructor
No. 11 E.F.T.S.

FOR J. G. Rosalle F/L
Officer Commanding No. 1 Squadron
#13 S.F.T.S. - R.C.A.F. ST. HUBERT, QUE.

ROYAL CANADIAN AIR FORCE

SERVICE CONDUCT SHEET

Official No. R-189987 Name and Initials (IN BLOCK CAPITALS) HUTCHINSON J.A. Date of Enlistment 14 SEP/42 Sheet No. (IN WORDS) ONE Signature and Rank of C.O. for; (A.Raymond) G/C Date 3 FEB-43

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
#5 "M" Depot Lachine, Que.	31-1-43	AC2		1st Charge: AWL from 1900 hrs 31-1-43 to 0445 hrs 1-2-43. (9 hrs, 45 min.)	A/SP Hopcroft				Forfeits 1 days pay.		
				2nd Charge: Disobeying S.S.O. in that he did leave the camp by climbing the fence.	A/SP Pullen	48 hrs detention	2-2-43	A.Raymond, G/C			(A.R.) G/C
				3rd Charge: Disobeying S.S.O. in that he did enter the camp by climbing the fence.							
				To be carried over							

R. C. A. F. R. 72
75M—1-41 (8905)
H.Q. 1062-3-54

P. A. on K.1.

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

ROYAL CANADIAN AIR FORCE

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

N.B.—To be rendered in accordance with the instructions on pages 3 and 4.

1. Name HUTCHINSON (surname) JOHN ALEXANDER (christian names in full)

Rank LAC Number R-189987 Unit #13 SFTS Age 21 Trade U.T. Pilot.

Date of accident and time of day 10 Sept, 43. 1330 Hours. place of accident (exact locality) 2 Miles South of Ste. Angele. St. Hyacinthe. County.

2. Short statement by injured person of the circumstances (or manner) of injury (see Instruction 6). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 7 and 9).

FATAL ACCIDENT.

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

3. *(a)* Type and R.C.A.F. No. of aircraft HARVARD MK 11 B # FS 664

(b) Name of pilot of aircraft (at time of crash) LAC HUTCHINSON R-189987

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

(d) Circumstances of accident: (designate one) ~~taxiing~~ ~~taking-off~~ ~~landing~~ ~~forced landing~~ ~~collision in air~~ ~~collision on ground~~ ~~other (specify)~~ Doing Aerobatic.

(e) Weather Partly Cloudy - Visibility 15 Miles - Wind Velocity S. to S.W. 4 M.P.H.

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

(g) Number of flying hours of person reported on: dual 18.55 solo 10.30

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

4. *(a)* Description of injuries (in detail): Avulsion of Brain - Partial Decapitation. Multiple Fractures and Burns Crushing and Amputation of Legs.

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

(c) How long before initial treatment was given? 2 Hours.

(d) Whether admitted to hospital or sick in quarters N.A. (give name of hospital)

Date 10 Sept. 1943. Signature of Medical Officer B. Glassman Capt

5. Commanding Officer's statement:—

(a) Was the injury sustained

(i) In the performance of air force duty? Yes
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority? N.A.

(iii) On leave? (State whether with or without pay) N.A.

N.B.—See instruction 8 before completing the following section.

(b) If the answer to *(a)* (ii) is in the affirmative, state

(i) By whom was the game, etc., organized and under whose authority? N.A.

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

(iii) Was the officer or airman detailed to take part in it *(a)* as a member of an air force team, or *(b)* to compete as an individual? N.A.

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv) For what service event was the practice held? N.A.

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

(vi) If so, under what authority and supervision? N.A.

(c) If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission: N.A.

N.B.—See instruction 12 before completing the following section.

(d) Was the injury due to his own fault, i.e., did it arise from negligence, wilful disobedience of orders, misconduct, or any blameworthy cause within his own control? N.A.

If so, state in what way N.A.

no opinion can be given pending finding court of inquiry or investigation

(e) Was anyone else to blame? If so, give name and particulars No

(f) Is the accident being investigated by

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

(ii) An investigating officer? Yes

Signature R. C. Dubeau S/L

Date: 15th September, 1943

Commanding No.13 S.F.T.S., St.Hubert, P.Q.

Personal Effects of LAC HUTCHINSON, JOHN ALEXANDER, R-189987 (deceased) forwarded by Registered Mail to Administrator of Estates, Ottawa, Ontario 15th September, 1943.

Items of Intrinsic and Sentimental Value

1 Diary 1938 O.K.
1 Church of England Prayer Book ("Fight the good fight")
1 New Testament (R.C.A.F. Issue)
1 Book "The Man Who Came to Dinner"
1 Unemployment Insurance Book R
1 Certificate of Baptism R
1 Bundle letters (Personal) R
1 E.F.T.S. Group photograph
2 Locks, less keys
1 Key Yale 1473
1 Hair Brush
1 Tie Clip
1 Pair Scissors (Nail)
1 Wallet, Air Force Blue
2 War Saving Certificates ($5.00)
(Nos. A-1278547, A-2933430) in Blue Wallet.
1 Wallet, Black Leather
3 Snap shots R in black wallet.
3 Membership Cards YMCA " " "
2 Unemployment Insurance Registration Cards in black wallet. R
1 National Selective Service form #120 " " "
1 Red Cross Blood Donor Enrollment Book
1 Collar Pin

Rec'd

17/9/43

Handled

22/9/43

Personal Effects of LAC HUTCHINSON, JOHN ALEXANDER, R-189987 (deceased) forwarded by C.N. Express to Administrator of Estates, Ottawa, Ontario, 15th September, 1943.

18-9-43
E P

4-10-43

3 Towels.
2 White Shirts.
1 Mauve Shirt.
1 Pair Brown Striped pyjamas.
1 Flannel Sport Shirt
1 Sweat Shirt (R.C.A.F. crested)
1 Maroon zipper sweater
3 Pullover Jerseys.
1 Pair Shorts, under, summer
1 Handkerchief
4 Pairs socks.
1 Pair Blue striped trousers
1 Baseball cap
1 Grey zipper Duffle Bag
3 Shirts, Under, summer.

1 ctn