R189991
TURNER
ALLAN FREDE

R189991 A9136

R 199991
4334

Turner O.D.

Sgt.

CANA
R 199991
4334

Turner A.D.

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

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

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

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

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

Air Force No. R189991 Surname TURNER

Christian Names (in full) ALLAN Frederick David

Date of Birth 22-1-23 Religion Pres

Date of Enlistment/Appointment 14-9-42

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

Occupation in Civil Life Clerk 1940-41
Customs 1941-to date

Signature of Holder A F D Turner

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—
Mrs Winnifred Louise Turner (Wife)
2372 Weldon Crescent Apt 18-N.D.G.
Montreal P.Q.

Certified Correct J. H. Poulton P/O.

Date Place #1 "Y" Depot

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
N.A.V. Sp	12-11-43	DRO 222	J. H. Paulton P/O.

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T Sgt	12-11-43	DRO 222	J. H. Paulton P/O.

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer
1250	30/11/43	[illegible] P/O.

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

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

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
27-10-43	A3B(T)	M10		T. F. HOPKIRK

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP A	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
17-9-42	—	J. F. HOPKIRK

Susceptibility Test	Date	Result	
Schick Test	17-9-42	Pos.	
Dick Test	17-9-42	Neg.	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
Dip. Tox. — i	29-9-42	1 cc	J. F. HOPKIRK
" " — ii	22-10-42	1 cc	
T.A.B.T. — i	17-9-42	1 cc	
" — ii	8-10-42	1 cc	
" — iii	27-10-42	1 cc	
" — Ann.	27-10-43	½ cc	
Sero. Test — Neg.	17-9-42	—	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

R0189991 TURNER ALLAN FD W02

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

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

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

229571 80 2 42

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

7613. 12/4/5-0

Mrs. Winifred L. Turner (mother)
2372 Wilson ave., Apt. 18,
N.D.G.,
Montreal,
Que.

July-46.

MEMORIAL BAR
DATE DESP
REGN. NO 3880

NAME TURNER, Allan Frederick David FILE NO. R189991

RANK WO 2 Navigator CATEGORY ~~XXMissXXing~~ PRES. DEAD. REG. NO.

DATE OF DEATH: 11 APRIL 45 MOTHER LIVING: Yes WIFE: No

MINISTERIAL CARD: 21-4-45 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

JAN 22 1946

JAN 21 1946

To Mother,
To Father,

To Father- 30-11-45.

To Mother- 30-11-45.

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs. G. W. G. Turner,
2372 Wilson Avenue, Apt. 18,
NDG Montreal, Que.

Father
Mr. George William Garrison Turner,
~~17XChurchXStreet,~~ 21 JENNINGS ST.?
Halifax, N.S.

COMMAND:

RELIGION:

AIR FORCE No. R187991

Turner — SURNAME

Allan Frederick David — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal Que.
DATE 14-9-42.

RELIGION Pres.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
27-1-23	Montreal Que.	Canada	Canada	Canadian

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION X
HIGH SCHOOL ENTRANCE X	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES X	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk 1940-1941
Customs 1941 to date.

PREVIOUS SERVICE

Nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

PARTICULARS OF FAMILY

SINGLE, ~~MARRIED, WIDOWER, DIVORCED~~
WIFE (FULL MAIDEN NAME) OR HUSBAND
PRESENT ADDRESS (IN PENCIL)
PLACE OF MARRIAGE — DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

MR G.V.G. TURNER (FATHER)
21 JENNINGS ST.
HALIFAX, N.S. CR 8058

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

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

T4 — 3/12

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
A.C.2	14 9 42		Aircrew I.T.S.	14 9 42	
L.A.C.	28 5 43	(425)	A.T. Navigator "S."	28 5 43	(125)
T/Sgt (Pd)	12 11 43	OR 222	Nav. (Sp Syp)	12 11 43	OR 222
T/~~Sgt~~ W/O II	12 8 44	O/C 12/247			
T/W/O II	12 2 45	OC 1378/45			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Aircrew I.T.S.	S		P	28 8 42
Navigator	S		P	12 11 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R189991

Turner — SURNAME

Allan Frederick David — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal Ter.
DATE 14-9-42.

RELIGION Pres.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
Issued S.L.	T.W. #C1219	71	d/4-3-43 DRO 71/12-3-43	
17-3-43	23-3-43	7	A.L. 16-3-43	DRO # 75
Rat. all.	same period			
DRO 75 amended to read 17-3-43 to 20-3-43 (4 days)				DRO 92 d/23-3-43
12-6-43	23-6-43	12	Spec.	DRO #141
Issued	T.W. 245-635		11-6-43	"
13-11-43	26-11-43	14	Embarkation	DRO #222
12-2-44	20-2-44	8	Special	DRO 23
7.8.44	15.8.44	7	P.L.	17 OTU 31/44
4.10.44		12	P.L.	51 Base 53/44
19-1-45		7	P/L	44 Sqd 3
10-3-45		7	P/L	44 Sqd 9/45

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
31 12 44	V.G	Sat - Sat

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	#13RC	#5MD	14 9 42	MOR#3
TOS	"	"	14 9 42	DRO#220
SOS	#5MD	RCAF Stn. Trenton	21 1 43	DRO#19
TOS	"	"	22 1 43	DRO#27
SOS	Trenton	#1ITS	20 3 43	DRO#81
SOS	#1ITS	#1AOS	26 6 43	DRO#151
SOS	1A.O.S.	1 Y Depot	26 11 43	" 222
	#1YD.	4 A.G.T.S.	18 Jan 44	" 17
T.O.S.	#4 AGTS.		19 1 44	DRO 3.
S.O.S.	#4 AGTS. to #1 YD.		11 2 44	DRO 23.
	1 Depot	3 PRC	25 3 44	" 88
	Emb. Halifax		25 3 44	
	Disemb. U.K.		2 4 44	
	Int. C.194 - 3 PRC.		3 4 44	
T.O.S.	6(0) AFU. from 3 PRC		11 4 44	6(0) AFU. 27/44 3 PRC 97/44
S.O.S.	6(0) AFU. to 17 O.T.U.		16 5 44	6(0) AFU. 35/44 17 O.T.U. 24/44
TOS	51 Base fr. 17 OTU.		17 8 44	17 OTU. 33/44 51 Base 47/44
att.	Scampton fr. 17 OTU.		19 8 44	17 OTU. 32/44 51 Base 47/44
att.	1654 CU from 51 Base		24 8 44	1654 CU 24/44. 27/44
att	5 L.F.S.		9 10 44	1654 CU 27
TOS	44 Sqdn fr. 75 Base		27 10 44	75 Base 1. 44 Sqdn 38
SOS.	44 Sqn to UK NEU.		11 4 45	44 Sqn. 12.
F/B	Missing		10/11 4 45	CL 742 Supp AFRO. 873.
TOS.	U/K NEU.		12 4 45	UK. NEU. 81.
	Presumed Dead		11 4 45	R.CAF.CR NO 837 AFRO 1822/46

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
12 11 43	Navigator Badge categorized "N.3"	DRO 222

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. Halifax

AIR FORCE No. R.1899911 R

TURNER, ALLAN FREDERICK DAVID

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal, P.2. 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 27-1-23 PLACE Montreal, P.2 CITIZENSHIP British 2

FATHER (FULL NAME) George William Garrison Turner

BIRTHPLACE Montreal, P.2

MOTHER (FULL MAIDEN NAME) Winnifred Louisa Field

BIRTHPLACE Ireland

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x W.S.

JUNIOR MATRICULATION x N.S.

SENIOR MATRICULATION

TECHNICAL SCHOOL Business College - 6 mos

UNIVERSITY

CORRESPONDENCE COURSES

6

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

Different positions - clerk - 1940-41

Dominion Textile Co - Customs Clerk - 1941-42

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Navig, Badge	1A05222	12-11-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION

Presbyterian 4

14. LANGUAGES

English 1

15. SPORTS

softball, hockey

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) Father

FULL NAME: Mrs Winnifred Louisa Turner — RELATIONSHIP Mother

ADDRESS: 2 Jennings St. Halifax N.S. — D.R.O. NEU143

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.

21. ENGAGEMENTS

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

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Trans from #3 Wing	To Hdqts.	3-11-42	5mD264
S.L.T.W. # C	121971	9.3.43	E 71

22.(A) ADDRESS PRIOR TO ENLISTMENT

2372 Wilson Ave, Apt 18, NDG Montreal, P.2.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

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

AIR FORCE No. R.189991

TURNER, ALLAN FREDERICK DAVID [redacted]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal, P.Q. — 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	5MD Lachine	14	9	42	5MD 220
SOS	5MD Lachine	21	1	43	5MD 19
TOS	RCAF Stn Trenton Ont	22	1	43	E 27
SOS	Stn Trenton	20	3	43	E 81
TOS.	1 ITS Toronto	21	3	43	12TS 70
SOS	1 9TS Toronto	26	6	43	1 9TS 151
T.O.S	1AOS Malton	27	6	43	1AOS 122
SOS	1AOS Malton	26	11	43	1AOS 222
TOS	1 YD Halifax	27	11	43	1 Y 288
S.O.S.	1 YD Lachine	18	1	44	1 YD 17
TOS	4 AG TS Valleyfield	19	1	44	4 AG TS 3
SOS	4 AG TS Valleyfield	11	2	44	4 AG TS 23
T.O.S.	1 Y.D. Lachine Que.	12	2	44	1 YD 52
SOS	1 YD Lachine	25	3	44	1 YD 84
	#3 P R C.				

Missing 11 April 45.- DCL 998 d/16 Apr. 45.
Presumed Dead. 11 April 45.- DCL 1169 d/16 Nov. 45.

Fathers address
29 Brenton St.
Halifax Ns

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AG2	14	9	42	5MD 220
Lac	28	5	43	1 9TS 125
T Sgt Pd	12	11	43	1AOS 222
T/F/Sgt.	12	8	44	GB 1229.
T/F.O. II	12	2	45	GB 1378

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
14-9-42	R100	A.13 93B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Gunner	S	14	9	42	5MD 220
A/C Nav	S	28	5	43	1 9TS 125
Navig.	Sf	12	11	43	1AOS 222

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Categorized M		

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
17-3-43	amended 23-3-43	7	Annual	E 82 E 75
17-3-43	20-3-43.			E 82
12-6-43	24-6-43		Special	1 9TS 141
13-11-43	26-11-43	14	Emb Leave	1AOS 222
12-2-44	20-2-44	8	Special	4 AG TS 23
15-12-43	15-1-44	30	Spec	1 Y 8

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 PRO. — RELIGION — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

N/B

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II) R.A.F. Form 1380.

ROYAL AIR FORCE
AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. CAN.R189991 Name TURNER, Allan Frederick David Rank T/Sgt. ~~F/Sgt~~ T/W/O
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Navigator Grp.2 Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 27.1.23. Religion Presb. Occupation in Civil Life Clerk 1940-41; Customs 1941-42

Last Enlisted 14.9.42 Current Engagement D. of W.

If a member of the Auxiliary Air Force

If Reservist, which Class ("E," "F," V.R.) SR Whether Married, Single, or Widower S.

Name, address and relationship of legal next of kin (to be entered in pencil): (MOTHER)
MRS WINNIFRED LOUISA TURNER, 2372 WILSON AVE. APT. 18 NDG., MONTREAL, PQ

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

N. of K.

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

Section 1.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.
4 A.G.T.S.	1 Y Depot	11.2.44
1 Y Depot	U.K.	25.3.44
	Emb. Halifax	25.3.44
	Dis. U.K.	2.4.44
Int. C 194	3 RCAF P.R.C.	3.4.44
3 RCAF P.R.C.	6(O) AFU	11.4.44
6(O). AFU.	17. O.T.U.	16-5-44.
17 O.T.U.	51. BASE	17.8.44
51 Base	44 Sqdn.	27.10.44

Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.

* Authority.	Description.	Date of Effect.
	Aircrew ITS Std. AC2	14.9.42
	Navigator Std. LAC	28.5.43
	" Special T/Sgt.	12.11.43
	" Grp.2 T/Sgt.	12.11.43
P.O.R. 1/44	Promoted T/F/Sgt.	12.8.44.
P.O.R. 6/45.	Promoted T/W/O.	12.2.45.

Section 3.—Good Conduct Badges.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

Section 4.—Character and Trade Proficiency.

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g., on posting; admission to hospital when posted to N.E. strength; death; etc.; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt	VG.	Nav.	ON STRENGTH FOR			TRAINING ONLY	17.8.44	[illegible] Sgt
T/Sgt	VG.	Nav.	Sat	Sat	—		31.12.44	[illegible] W/C
T/W/O	V.G	B+	SAT	SAT	—		16/4/45	J. E. Flett W/C/N
Recommendation for Commission Not approved								
by A.O.C. No 205 Gp.						5 Gp/C 1692/7/P1.		d. 8.4.45.

Record of Leave and Issue of Free Travelling Warrants

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

Section 5.—Results of Courses of Instruction, Recommendations for Aircrew Duties, Recommendations for Commissioned Rank (K.R. 2132, (19) (A)). Decorations, Mentions, Special Commendations by A.Os.C., etc.

Authority.	Nature.	Date of Effect.
DRO 222	Awarded Navigator's Badge	12.11.43

Aircrew ITS.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.139991 [redacted] Turner Allan Frederick David Presbyterian
A.F. No. Surname Christian Names Religion

Born 27-1-23 Place Montreal. PQ 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 Winnifred Louisa Turner (Mother)
2372 Wilson Ave - Apt. 18 - N.D.G. Montreal. PQ

CIVIL EDUCATION			CIVIL OCCUPATIONS AND EXPERIENCE
High School Entrance ✓	Jr. Mat. X	Sr. Mat.	Clerk - 1940-1941
Technical School	Business Courses X		Customs Clerk - 1941 to date.
University			

PREVIOUS SERVICE	ENLISTMENT		Med. Cat.	Date			Med. Cat.	Date		
NIL	Date	14-9-42 A	BMB38	14	9	42				
	At	Montreal. Que								
	Term	Duration								

RANK	Auth.	Date			TRADE	Auth.	Date			TRADE TESTS AND COURSES						
										Trade	GP	%	P or F	Date		
AC2		14	9	42	Aircrew ITS		14	9	42							
L.AC	(125)	28	5	43	~~Air~~ Navigator ~~Ex~~	(125)	28	5	43	Aircrew ITS	S		P	28	8	42

LEAVE			CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS				
From	To	Auth. and Description	Date	Character	Trade and Assm.	Honours and Awards	Auth.
Issued SLT 1A/C 12197 d/14-3-43 DRO 71/12/3/43							
17-3-43	23-3-43 (2)	AL. DRO 75/16/3/43					
Rab. All	- Sans Benefits						
DRO 75 amended to read 17-3-43 to 20-3-43 (4 days)		DRO 82 d/23-3-43.					
12-6-43	23-6-43 (12)	Spec. DRO 141					
Issued T.W.	245635, 11-6-43	"					

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
Mob. 13	#13 R.C.M.P.	E 5. Lachine	14-9-42				
D.R. 0220/42	T.O.S	" LACHINE	14-9-42				
DRO 19/43	Mo 5 MD	RCAF Stn Trenton	21-1-43				
DRO 22/1/43	TOS	"	22/1/43.				
DRO 81-22-3-43	SOS Trenton	Toronto	20-3-43				
" 151	LITS	1 AOS	26/6/43				

AIR FORCE No. R.189991 POSTED TO #5 M.D., Lachine, P.Q. TRADE Aircrew I.T.S.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname TURNER Full Christian Names ALLAN FREDERICK DAVID
2. Present Address 2372 Wilson Ave., N.D.G., Apt., 18, Montreal, Que., Telephone Dex. 5643.
3. Permanent Address 2372 Wilson Ave., Apt., 18, N.D.G., Montreal, Que.,
4. Place of Birth Montreal, Que., Citizenship Canadian.
5. Date of Birth January 27th, 1923. Married, Single, Widower, Separated, Divorced Single.
6. Particulars of Children

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

7. Occupation Customs Clerk. 8. Religion Protestant, Presbyterian. (State denomination)
9. Languages English fluently. (State proficiency)
10. Next of Kin (Full Name) Winnifred Louisa Turner Relationship Mother.
    " Address 2372 Wilson Ave., Apt., 18, N.D.G., Montreal, Que.,
11. Father (Full Name) George William Garrison Turner Birthplace Montreal, Que.,
    " Address R.C.A. Headquarters, Halifax, N.S. Citizenship Canadian.
    " Occupation Sgt., in the Army.
12. Mother (Full Maiden Name) Winnifred Louisa Field Birthplace Ireland.
    " Address 2372 Wilson Ave., Apt., 18, N.D.G., Montreal, Que., Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service:

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

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

52-57.

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Armdale High School, Halifax, N.S.	1929	1940	Primary Course, High School completed.
High School—Collegiate Institute, etc.				
Technical School	N.D.G. Business College, N.D.G., Montreal, Que.,	1941 Jan.	1941 June	Typing, Shorthand, (night)
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
Diffferent positions	Clerk.	1940	1941	
Dominion Textile Co., Montreal, Que.,	Customs Clerk	1941	194---	Still employed.

23. Flying Experience (in Hours) Solo NONE Dual NONE Passenger NONE

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

25. Sports engaged in. State: extensively, moderately, occasionally softball, hockey, (occasionally)

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

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

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

Name	Address	Occupation
J.S. Robertson 10-9-42	142 Appin St., Town of Mount Royal, Que.,	Manager.
S.E. Webster 10-9-42	~~Dominion Textile~~ Dominion Textile Co., Montreal, Que.,	Gen. Purch. Mgr.
J.H. Archibald	4551 Harvard Ave., Montreal, Que.,	Salesman.
J.D. Beech	1199 Sussex St., Montreal, Que.,	Immigration Officer.

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 August 28th 19 42. Signature Allan F.D. Turner

S.M.

NATIONAL REGISTRATION CERTIFICATE PRODUCED. Halifax 7/174 J.T.Farmer Supervising Officer 14/5/42 Asst.

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

I, Allan Frederick David Turner, 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, 1942 Allan F.D. Turner
Signature of Recruit

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

I, Allan Frederick David Turner, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date September 14th, 1942 Allan F.D. Turner
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 September 1942

J.B. Gagnell Flt
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. 19 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? NO

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

Examiner's Remarks *re* above Childhood diseases

5. I certify that I have revealed my full medical history and have withheld any relevant information.

Pollard T.B. Turner
Signature of Applicant

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

1. Identification marks or scars (if operative obtain history) Small scar dorsum left wrist.

2. Height 6 feet inches. 3. Weight 126 pounds.

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

6. Development ~~Good~~ Fair ~~Poor~~ 7. Chest Measurement—Full expiration 31 inches
Range of expansion 2 inches

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

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

10. Condition of mouth and teeth Fair.

11. Urine—Albumen Neg. Sugar Neg.

12. Abnormalities (Congenital and Pathological) found on Examination None

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 A1B, A3B.

4.9.42 X Ray 14217 Neg Nes.

Part 2 Cont'd. N

Any special remarks of the Medical Officers Fair physical condition, rather delicate and underweight pulse responde a little above required limits, but BP exercise tolerance and 40 min. test good. This boy should improve considerably with training. Very intelligent, and pleasant but perhaps, too quiet and reserved. Should be good 14-9-42 R. Fit/SS Aircrew Material.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 120-85 S.D.
17. Colour Vision N.Ish.

Date 3/9/42 19

President — Member — Member

CONFIDENTIAL

Rechecked No. 1 M.S.B. Toronto Course 75 9-4-43.

H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

(2)

Medical Board held at Montreal, Que. *Date* 3/9/42

FILE NUMBER

Surname TURNER *Chr. Names* ALLAN FREDERICK DAVID

Nature of Commission M2 *Date of Birth* 27/1/23 *Married or Single* Single

Branch Gen. List *Hours Flown* None

Address 2372 Wilson Ave., Montreal, Que.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO

(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO

(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsilitis NO
Diphtheria, Scarlet Fever or Scarlatina NO

(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO

(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO

(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO

(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO

(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO

(ix) OPERATIONS No

(x) Any illness or Injury not mentioned above Childhood Diseases

Education Senior Matric.

Present Occupation Clerk Hobbies None

Previous Service None

Athletics Softball

Habits—Smoking Yes Alcohol Occ.

FAMILY HISTORY—Consumption Mother had 10 yrs. ago Diabetes NO Haemophilia NO

Nervous Ailments, Mental Trouble, or "Fits" NO

Father Alive—Health Good Dead—Cause N.A.

Mother Alive—Health Good Dead—Cause N.A.

Brothers 0 (....) Alive—Health N.A. 0 (....) Dead—Cause N.A.

Sisters 2 (....) Alive—Health Good (0...) Dead—Cause N.A.

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

Date 3/9/42 *Signature* Allan F.D. Turner *Witness*

R.C.A.F. Medical Office JUN 1 1943 O.K. C.A.B. R.C. N.I. P.A. S.L.

...AL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Sedantary ..... *(b)* Mentality ..... Alert .....
Body Marks, Scars, Deformities ..... Small scar dorsum left wrist. .....
Size of Thyroid Gland ..... Normal .....
Surgical Abnormalities ..... None .....
Results of Wounds, Injuries, Operations ..... N.A. .....

	Date 3/9/42	Date 9-4-43.	Date	Remarks on any Abnormalities Found
Height (ins.)	72	71		
Weight (lbs.)	126	140		*Date* 9-4-43.
Chest Circumference (ins.)	31			
Body Build (lbs.)	-26	- 9		Cardiopulmonary and pulmonary systolic murmurs - fit. small left varicocele Fit A.J.K.
Leg Length (ins.)	44			
Pulse Rate (Sitting)	96	96		
Pulse Rate (Standing 1st)	108			
Pulse Rate (Standing 2nd)	102			
Pulse Rate (After Exercise)	132			
Pulse Rate (Time to Normal)	50			
Arterial Walls	Soft	N		*Date*
Blood Pressure (Systolic)	120	136		
Blood Pressure (Diastolic)	85	78		
Room Temperature	N			
Heart (Size (in cms.))	8.5	N		
Heart (Sounds)	clear	V.S.		
Heart (Rhythm)	Reg.	Reg.		
Lungs (Inspection)	N			
Lungs (Palpation)	N			
Lungs (Percussion)	N			
Lungs (Auscultation)	N			
Lungs (Expiratory Force)	N.A.			*Date*
Lungs (X-Ray)	N.E.C.			
Reflexes (Knee)	N			
Reflexes (Ankle)	N			
Reflexes (Triceps)	N			
Reflexes (Abdominal)	N			
Reflexes (Plantar)	N			
Cranial Nerves	Intact			
	R. L.	R. L.	R. L.	
Balancing Rod	N.A.			
	R. L.	R. L.	R. L.	
Self Balancing	S. S.			
Tremors (Fingers)	None			*Date*
Tremors (Eyelids)	None			
Abdomen (Liver)	Normal			
Abdomen (Spleen)	Good			
Abdomen (Muscular Tone)	Good			
Urine (Albumen)	Neg.			
Urine (Sugar)	Neg.			
Initials of M.O.	J.P.P.L.			

40 mm. Hg. Test ..... 8/89 10/988/787/777/ = 60 ..... J.P.P.L. .....
Date .....
Date .....
Date .....
Date .....

ANY FOUND

y and olic

icocele

EYE EXAMINATION

History ..... Nil .....

Visual Acuity	R 20/20, c —— = c/ 2.5D 20/200	20/20 ; 2.50 20/200	
	L 20/20, c —— =	20/20 ; 2.50 20/200	
Colour Vision	Normal Ishihara	N. Ish.	
Red Green	Mad. Rod. Ortho	Exo lo - No hyper	
Diaphragm Test (P.D. = 62)	4 cut at 210	62 - Exo - Bar at 2	
Convergence	C. = 6 cms.	7 cms	
	S. C. = 10 — Rt. cms.	17	
Accommodation	R. 9 } Blurr	10	
	L. 9 } Blurr	10	
Cover Test	Sl. div. dev. R.R.	Sl. Div. Dev. R. R.	
Fundi and Media	Normal	N	
Fields	Normal	N	
Remarks:	A1B, A3B.	Maddox Wing Test Exo 2. No hyper A1B - A3B	
	Initials of M.O J.P.P.L.	*Initials of M.O* CAB.	*Initials of M.O*
	Date 3/9/42	*Date* 9-4-43.	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History ..... Nil .....

Hearing	R. Ear	W. V. 20	N
	L. Ear	W. V. 20	N
External Ear, Meatus Membranes	R. Ear	Normal	N
	L. Ear	Normal	N
Middle Ear, Eustachian Tubes	R. Ear	Patent	P
	L. Ear	Patent	P
Cochlear Apparatus	R. Ear	———	
	L. Ear	———	
Vestibular Apparatus	R. Ear	———	
	L. Ear	———	
Buccal Cavity		Clean	Fairly good
Teeth		Fair	Only fair
Gums		Healthy	N
Pharynx		Normal	Tonsils ±
Nasopharynx		Not seen	---
Nose		Clear	N
Larynx		Not seen	--
Remarks:	Fit	Fit. - A.H.K.	
		Initials of M.O J.P.P.L. *Initials of M.O*	*Initials of M.O*
		Date 3/9/42 *Date* 9-4-43.	*Date*

...RS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

Fair physical condition, rather delicate and underweight, pulse response a little above required limits, but BP., exercise tolerance and 40 min. test good. This boy should improved considerably with training. Very intelligent, and pleasant but perhaps too quiet and reserved. Should be good aircrew material.

FIT | Date 4/9/42

PILOT

OBSERVER

W/OPERATOR

A/GUNNER

M.O.

A1B, A3B. J.P.P.Latour F/L

No. 1 M.S.B. - 9-4-43. - Thin asthenic type; retiring, lacking in aggressiveness and self-assertiveness: appears rather timid and shows considerable tension. Has nervous facial tie. Personal history apparently negative. Moderately good flying interest: has had 2 hours at Trenton. Sports - dabbles only.
No mechanical experience. Wants pilot second choice navigator.
Does not appear sufficiently rugged for aircrew.

(P3 N5 B5) (A. J. Kerwin) Flt/Lt.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

CATEGORY
A1B A3B (Latour)
APR 9 1943
PRES. NO. 1 MED. SELECTION BD.
.....for D.M.S. Air.

N. VISION	23/32 Above Average
E. E. G.	–
E. C. G.	–
D. CHAMBER	2

Mrs. George W.G. Turner,
2372 Wilson Ave.,
Apt. 18,
N.D.G., Montreal, Que.

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. R189991 FD 320

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

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

January 2nd, 1946

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

TURNER, Allan Frederick David, W/O 2

No. R189991 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.

R. Clark Smith Col.

Director of Estates.

/MK

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		—		
2	Children of the Deceased and dates of their Births		—		
3	Father of the Deceased		George William Garrison Turner	51	17 Church St Halifax, N.S.
4	Mother of the Deceased		Winifred Louisa Turner	47	2372 Wilson Ave. Apt 18, Montreal, Que.
5	Brothers of the Deceased	Full Blood	—		
		Half Blood	—		
—		Full Blood	Doris Margaret Turner Marjorie Killian Turner	20 17	2372 Wilson Ave. Apt 18 2372 Wilson Ave, Apt 18
6	Sisters of the Deceased				
		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
			—		—

8	Full
9	Date
10	Plac
11	Plac
12	Plac
13	Stat re
14	Nat
15	Stat s
16	Nam p
17	Die y
18	If i c r
19	(a (b (c (d
20	An a
21	(a (b (c (d (e
22	If
23	De
24	D Ar

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Allan Frederick David Turner
9	Date of his birth.	Jan. 27th, 1923
10	Place and date of his marriage.	-
11	Place and date of his parents' marriage.	Montreal, Que. Nov. 18th 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec - 13 years (b) Nova Scotia - 4 years (c) Quebec - 2 years (d)
14	Nature of employment before enlistment.	Customs Clerk
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal, Que.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	-
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	- - - -
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	3 Certificates 2372 Wilson Ave
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	1 - $50 Bond Registered a. D. D. Turner Sixth Mothers, 2372 Wilson Ave.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	North American Life $5,000.00 Mother - Winifred H. Turner (This policy taken out after war only payments returnable)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	-

OTHER PARTICULARS

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

(Please Turn Over)

DECLARATION

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

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

* Mother 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.

Winifred L. Turner — Signature of Informant

2372 Wilson Avenue, Montreal, 2 Que — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Winifred L. Turner {Name of informant} is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 10 day of Jan. 19 46

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

J. Queen

Qualification Justice of the Peace District of Montreal Province of Quebec

Address N.D.G. Post Office

Montreal, P. Q. JAN 10 1946 Centre-Dame de Grâce Postal Station

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

my husband, George W. G. Turner, deserted me at the time of his discharge from the army - September 1944 - and has not supported me in any way since then.

W. L. Turner

R.C.
H.Q.

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 14959

This is to Certify that

R189991 W.O.2 TURNER, ALLAN FREDERICK DAVID R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 11TH day

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

Dated at Ottawa, Canada, this 20TH day of NOVEMBER 1945

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (GERMANY)

Official name of civil municipality or township:

Place an X over the word that applies to this municipality: City | Town | Village | Parish | Township | Territory

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: TURNER

Given names: ALLAN FREDERICK DAVID (Block letters)

Do not write in this space

4. RESIDENCE

Street: Wilson Avenue, Apt. 18, No. 2372

Official name of civil municipality or township: N.D.G. Montreal

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: January (Month) 27th (Day) 1923. (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: April 11/45.

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Turner, George William Garrison	Quebec
MOTHER (Maiden Name)	Field, Winnifred Louise	Ireland

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 11th (Day) 45 (Year)

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

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

24. CAUSE OF DEATH

I

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

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

due to

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

(b)

due to

(c)

II

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

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

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

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

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide: Accident (State which) Date: April 11 19 45.

Manner of injury: (How sustained)

Nature of injury: Presumed killed during air operations

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

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

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

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

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

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

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

(Voir l'autre côté pour le français)

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

R.C.A.F. R. 60
(REVISED 1-42)
40M—1-42 (1617)
H.Q. 1062-3-45

WILL

(a) Names in full to be written.

(1) (a) I, Allan Frederick David Turner of the City ~~Town~~ ~~Village~~ ~~Township~~ of Montreal in the County of Cartier ~~District~~ Province of Quebec Customs Clerk (Civil Occupation) a member of the Royal Canadian Air Force, Number R-189991 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my

(a) Mother
(b) Mrs. Winifred Louisa Turner
(c) 2372 Wilson Ave., Apt. 18, N.D.G., Montreal, Que.
(d) All my estate.

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

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

(a)
(b)
(c)

Name and address of Executor.

(4) I appoint Mrs. W. L. Turner (Name), 2372 Wilson Ave., N.D.G. Montreal, Que (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this fifteenth day of September 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.

Allan F. D. Turner
(Signature of Testator)

First Witness sign here.

(5) Peter J. Reagan (Signature)
742 Beatty Ave
Verdun
(Permanent Home Address)
Clerk
(Occupation)

Second Witness sign here.

L. R. Garcau (Signature)
5876 McLynn Ave
Montreal Que
(Permanent Home Address)
Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd SEP 17 1942
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

(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 is named, complete as follows: I give, devise and bequeath unto:

(a) my wife

(b) Mary Brown

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

(d) all my estate

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

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. **$100.00**
and my household goods and effects".
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. **$100.00"**
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man. **$100.00"**
and any personal gift, if desired.

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

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

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

GENERAL

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the will revokes that will. Therefore, an officer or airman, immediately upon his marriage, should make a new will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in his will.

STATEMENT OF LOCATION OF WILL

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

.....

(Name and address in full)

.....

.....

(Signature)

R.C.A.F. FORM A.28
40M—5-42 (2076)
H.Q. 885-A-28

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Montreal, Que. ON 14-9-42.

MARRIED OR SINGLE Single

No. R189991 NAME IN FULL TURNER, A. F. 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
									No.5 M.D. R.C.A.F.
220	14-9-42	AC2	S	AS	1 30		1 30	N A	
175	28-12-43	LAC	S.	AS.	1 50		1 50		RECLASS. LAC.
122	21-6-43	LAC	S	"	1 50	75	2 25		ENT. TO F/P. NO 2 A.O.S.
222	12-11-43	1 Sgt	SG	AS	3 70		3 70		APP. 1 SGT (PAY) REMUSTERED "NAV SG"

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
TURNER, Winnifred, Mother, Vol. Assignt.	1/10	20 00	100 00
REC-CEN 5th V.L.	1-11-43	8 40	28 40

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS — N.D.T. Class.

1942 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
14/30-9	17	22 10					22 10									†		22 10	
1/31-10	31	40 30				22 10	62 40	10 00						22 00	10 00	52 00	10 40	†	324
1-30/11	30	39 00				†	39 00	20 00			†				10 00	30 00	9 00	—	
1/31-12	31	40 30					40 30	20 00						Load		30 00	12 00	1 70	281
1943 1/21-1	21	27 30	2 50	R/HARRO3			29 80	14 00			1 70			5 00	10 00	30 70		90	A.W.3H.
22-31/1	10	13 00					13 00	6 00			90			6 00		12 90		10	
1-28/2	28	36 40				10	36 50	20 00							10 00	30 00	6 50	—	
1-20/3	20	26 00	3 50				29 50	13 34				Sgt/A ch back pays	1 50	18 00	10 00	42 34		13 34	
21-31/3	11	14 30					14 30	6 66			13 34							5 70	
1-30/4	30	39 00					39 00	20 00			5 70				5 50	31 20	7 80	—	
May 1	31	41 10					41 10	20 00							10 50	30 50	9 80	80	
1-26-6	26	39 00	6 00	9/12 12 DAYS		80	45 80	18 20						7 35 20 25		45 80		—	SPECIAL LEAVE PRIORITY
27-30/6	4	9 00					9 00	1 80								1 80	—	2 20	
1-31/7	31	69 75				7 20	76 95	20 00							25 00	45 00	31 95	—	
1-31/8	31	69 75					69 75	20 00							25 00	45 00	24 75	—	
1-30/9	30	67 50					67 50	20 00							25 00	45 00	22 50	—	
1-31-10	31	69 75					69 75	20 00							25 00	45 00	24 75	—	
1-11-11	11	24 75					87 25	24 61						60 00		84 61	—	2 64	
12-26-11	15	55 50	2 00																
						2 64													

S.O.S. RCAF STN TRENTON EFF 21-1-43 DRO 19.
27 TOS EFF. 22-1-43
15 GRANTED L/W RIA EFF 17-3 TO 23-3-43 INCL
SOS TO 1 ITS TORONTO EFF. 20-3-43
32 AMDS O.T.U. R.C.A.F. 17 20/3 INCL (3 DAYS.
TOS 2/3/43 DRO 70.
SPECIAL LEAVE PRIORITY — S.O.S. To #1 20 S. Halton eff. 26-4-43 DRO 151.
S.O.S. #1 Y Depot HALIFAX 4/ 26.11.43 to 6.12.43
AUTH RA(E)1B Leave Nds 1 B.11. to 6.11.43 to 22.12
2.64 Cr. audited by Treasury 25-11-46 a. macLeod

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK LAC NO. R. 189991 NAME TURNER. A. F. D.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES						PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT															
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER					
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
No. 1 A.O.S. Malton Ont.	12-11-43																		Nav						Nav											
																			60	10					36	10									96	20

G. J. Bennett F/L
Chief Supervisory Officer, R.C.A.F.,
No. 1 Air Observer School,
MALTON, Ontario.

Call and Prefa: OUT / IN

Serial

Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

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

NO. OF GROUPS 70

AK

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MR G W G TURNER 17 CHURCH STREET HALIFAX NS.

(REPORT DELIVERY)

FROM* RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER	DATE	REFERENCE AND DATE
M 9415	APR 13	MY YOUR

(Use Double Space Typing)

REGRET TO ADVISE THAT YOUR SON R ONE EIGHT NINE NINE NINE ONE WARRANT CLASS TWO OFFICER ALLAN FREDERICK DAVID TURNER IS REPORTED MISSING AFTER AIR OPERATIONS OVERSEAS APRIL ELEVENTH STOP LETTER FOLLOWS

8/6 23/11

90/12 PRESBYTERIAN R189991

This message must be sent **AS WRITTEN** and may‡ be sent by **W/T.** Signature	This message must be sent **IN CYPHER** and may‡ be sent by **W/T.** Signature	Originator's Instructions* Degree of Priority*	TIME OF ORIGIN 1930 G.M.T.
R04		IMMEDIATE	T.O.R.

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

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	T.H.I.

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

ESTATES BRANCH
MAY 7 1946
DEPT. OF NATIONAL DEFENCE
OTTAWA
NATIONAL

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

DATE.....

The Estates Branch has received the following personal effects of:

NAME.....R189991.....WO2.....TURNER,.....A.F.....

1 Haversack.
Letters and Papers.
1 Envelope of Christmans Cards.
1 Suede Jerkin.
2 Pullovers, wool.
1 Wool Scarf.
2 Black Ties.
1 Blue Cloth Holdall.
4 Shirts.
1 Vest.
1 Odd Leather Glove.
1 Tyre Ash Tray.
10 Handkerchiefs.
1 Bundle "Pin Up Girls".
and large Photographs.
2 Prs. Socks.
2 Prs. Braces.
1 Sheath Knife with Sheath.
1 Leather Cigarette Case.
2 Safety Razors.
7 Packets Safety Razor Blades.
1 Cycle Repair Ourfit.
1 Note Case. Photographs.
1 Zip Note Case.
1 "N" Brevet.
1 Tooth Brush Holder.
2 Tooth Brushes.
1 Gramphone Record (Min)

1 Box Playing Cards.
1 Boot Polisher.
1 Leather Belt.
1 Key Case.
4 Keys.
1 Button Stick.
1 Tobacco Pouch.
3 Padlocks.
1 Kit Bag Handle.
1 Brown Wallet. Photos.
1 Deather Photograph Folder.
1 Boot Brush.
1 Shaving Brush.
1 Chrome Mirror.
1 Leather Fountain Pen Case.
1 Folder. Writing. Material.
1 Safety Razor in Box.
1 Min. Draft Board.
1 Cycle Key.
1 Unexposed Roll Film.
2 Address Books.
1 New Testament.
1 Diary.
1 Odd Cuff Link.
1 Gin Rummy Score Pad.
1 Can. 25 Cent Piece.
1 Can. 1 Cent. Piece.
1 Fountain Pen Clip.
1 Pr. Braces (broken)
2 Towels.
2 Suits Combination Wool.
3 Prs. Pyjamas.
2 Vests.
1 Pr. Pants.
20 Prs. Socks.
1 Face Cloth.
18 Handkerchiefs.

Received the effects as listed

SIGNATURE.....W.L. Turner.....

DATE REC'D.....May 3rd 1946.....

EMS.

Write Talker
B06 EAC
SDD 567 VLB

From: Air Ministry, S.14.Cas.,
2, Seville Street,
Knightsbridge, London, S.W.1.

Officer Commanding,
The Berlin Detachment, M.R.E.U.,
Royal Air Force,
C/o H.Q. British Troops in Berlin.

Date: 27 August, 1947

Ref: P.451632/S.14.Cas.C.7.

RECEIVED 15 SEP 1947 CASUALTY SECTION

Casualty Enquiry No. G.1849 (Russian Zone)

Please institute a C.E. for the following crew:-

S.R.160043 (EX.710138)	F/O.	KENNEDY,	P.W.	Pilot
1613942	Sgt.	OLSON,	E.P.P.	F/Eng.
R.189991	W.O.2.	TURNER,	A.F.D.	Nav.
153310	F/O.	JONES,	W.J.	A/B. Safe.
1604391	F/Sgt.	SHORT,	J.E.	W.Op.
1090496	F/Sgt.	McBURNEY,	C.	A/G.
(ex.710213) 160244	P/O.	WOODHOUSE,	G.C.R.	2nd Pilot
1816650	F/Sgt.	BULL,	A.E.	A/G.

reported missing in Lancaster ND.631 on the night of 10/11th April, 1945, whilst attacking Leipzig.

F/O. Jones who survived states the aircraft crashed in the target area; he has no knowledge of the fate of the other members of his crew. Please investigate and report.

A C.E. No. F.48 was opened with M.R.E.S. H.Q. Paris on 21st July, 1945 - this is now cancelled.

BARTON

Copies to: R.C.A.F.
~~Air Liaison Officer,~~
C/o High Commissioner for Southern Rhodesia,
~~Rhodesia House,~~
~~429~~ Strand, W.C.2.

SD

W/o Turner A.F.B.

P.431652

No.44 (Rhodesia) Squadron,
R.A.F. Station,
Spilsby,
Lincolnshire.

Ref: 44S/701/467/P.1. 11th April, 1945.

Sir,

FLYING BATTLE CASUALTY - LANCASTER AIRCRAFT. ND.631 B. MK.III. MISSING NIGHT OF 10/11th APRIL, 1945.

I have the honour to refer to this Unit's signal T.12 dated 11th April 1945, and to submit the following report in accordance with K.R. & A.C.I. para. 2310 (2) and S.O.112 (8).

2. At 18.31 hours on the 10th April 1945, Lancaster Aircraft ND.631 took off from Spilsby to carry out a bombing attack on Leipzig in accordance with Headquarters No.5 Group Operational Instructions Form "B" Serial No.585 dated 10th April, 1945.

3. Nothing more was heard from this aircraft and it must therefore be presumed lost with all members of the crew. The Captain had carried out 29 operational sorties.

4. The crew of this aircraft is :-

SR.160043	F/O.	Patrick William KENNEDY	Pilot
1613942	Sgt.	OLSON, Edward Peter Paul	F/Eng.
R.189991	W/O.	TURNER Allan Frederick David	Nav.
153310	F/O.	William James JONES	A/Bomb.
1604391	F/S.	SHORT, James Edward	W/Op.Air.
1090496	F/S.	MCBURNEY, Colin	Air Gnr.
1816650	F/S.	BULL, Albert Edward	Air Gnr.
160244	P/O.	Geoffrey Clayton Rance WOODHOUSE	2nd Pilot

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

Sgd: F.P.Sargent F/Lt.,

for Wing Commander, Commanding,
No.44 (Rhodesia) Squadron.

R189991 (RO)

REGISTERED OTTAWA, Canada, 20th February, 1947.

Mrs. Winnifred L. Turner,
2372 Wilson Avenue, Apt. 18,
Montreal, Quebec.

Dear Mrs. Turner:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son, Warrant Officer Class 11, A.F.D. Turner.

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

Yours very sincerely,

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

F/O R.J. Rocheleau /BBO

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

AIR

STATEMENT OF WAR SERVICE GRATUITY

D-253-9

DECEASED MEMBER'S NAME: Allan (CHRISTIAN NAMES) F.D. Turner (SURNAME)

REGISTER NO.

FILE NO. 29303

PAYEE / ADDRESS: Mrs. Winifred L. Turner, 2372 Wilson Ave., Montreal, Que.

DATE 13 Mar/46

SERVICE NO. R189991

FINAL RANK OR RATING W02

DATE OF TERMINATION OF OVERSEAS SERVICE 11 Apr/45

DATE OF DISCHARGE 11 Apr/45

	$	¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 941 / 30 EQUAL TO 31 COMPLETE PERIODS AT $7.50		232.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 383 LESS 11 INELIGIBLE DAYS, EQUAL TO 372 DAYS @ 25C. PER DAY		93.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 4.60	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 5.85 ×7 = $ 40.95	
NO. OF DAYS 383 / 183	×$ 40.95	85.70
D. WAR SERVICE GRATUITY		411.20
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		411.20

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F Records Ottawa
Rec'd MAR 29 1946
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	TREASURY CHECKED BY	DATE
JLC	DR		15-3-46

SERVICE REPRESENTATIVE

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R189991 RANK W.O. 2 UNIT 44 SQDN (OVERSEAS)

TRADE NAV (SP GR)

NAME TURNER, ALLAN FREDERICK DAVID

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

PRESENT MARITAL STATUS SINGLE RELIGION PRESBYTERIAN CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS GEORGE WILLIAM GARRISON TURNER

RELATIONSHIP MOTHER

ADDRESS 2372 WILSON AVE APT 18 NDG MONTREAL QUEBEC.

ESTATES BRANCH DEC 7 1945 H.Q. OTTAWA NATIONAL DEFENCE

FATHER'S NAME MR GEORGE WILLIAM GARRISON TURNER

ADDRESS 21 JENNINGS STREET HALIFAX N.S. LIVING ON ENLISTMENT YES

MOTHER'S NAME MRS G.W.G. TURNER

ADDRESS 2372 WILSON AVE APT 18 LIVING ON ENLISTMENT YES

N.D.G. MONTREAL QUEBEC.

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

AFHQ PRESUMPTION OF DEATH MEMO NO. 236----d---8-NOV-45

PREVIOUSLY REPORTED "MISSING" 11-APRIL-45 AFTER AIR OPERATIONS OVERSEAS (OVER LEIPZIG GERMANY)

NOW "PRESUMED DEAD" 11-APRIL-45 FOR OFFICIAL PURPOSES.

ALL WILLS (1)
~~XXXXXXX~~ATTACHED TO NOTIFICATION TO A. OF E.? YES/~~XXX~~

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

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

DATE 20-NOV-45

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

47205

R.C.A.F. T. 81 (Revised)
15M—4–42 (2009)
H.Q. 1062–13–58

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR ~~OBSERVERS~~ NAVIGATORS (S)

AIR AND GROUND TRAINING

SURNAME Turner Christian Names A.F.D.

Number R189991 Rank LAC

INSTRUCTIONS

Instructions regarding Form T.81 are given in A.F.A.O. A.51/22, paras. 5, 10, 11, and 15. CROSS OUT WORDS NOT APPLICABLE.

PART I

1. No. 1 INITIAL TRAINING SCHOOL. COURSE NO. 75 FROM 22-3-43 TO 28-5-43

2. EXAMINATION RESULTS.

SUBJECT	MARKS Maximum	MARKS Obtained	REMARKS
Mathematics	100 ~~150~~	84	A steady and reliable young airman who has worked hard on his I.T.S. course - Deportment good.
Armament	100 ~~50~~	73	
Signals	150	145	
Navigation	150 ~~200~~	122	Assessment of character and leadership qualities: 107.
Visual Link Trainer			
Airmanship, Theory of Flight and Engines	100	92	
Drill	100	78	Second Aircrew Recommendation: Air Bomber.
Law and Discipline, etc	100	77	
~~Hygiene and Sanitation~~ Met.	50	43	
A/C Recognition	100	100	
Anti-Gas	50	28	
TOTAL	1000	842	

Position in Class	6	Percentage	84.2%
No. in Class	17	PASS x	FAIL

(E.W. Kenrick) Wing Commander,
Commanding Officer

TO BE PASSED TO /A.O.S.

No. 1 I.T.S.

DATE 8-6-43