R216179
ASPINALL
FRANCIS ALLEN

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

R0216179 ASPINALL FRANCIS A SGT 4

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

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
			6242											RIBBON ISSUED
														MEDAL ISSUED

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

#113 26-10-49

Mrs. Jenny M. Aspinall (mother)
5025 A St. Catherine St., E.,
Montreal,
Que. same add. 25-6-48 oct.-44.

MEMORIAL BAR
In Stock
DATE DESP.
CANCELLED
REGN. NO 3158

NAME ASPINALL, Francis Allan FILE NO. ED 146

RANK LAC CATEGORY Killed REG. NO. R216179

DATE OF DEATH: 23-May-44 MOTHER LIVING: Yes WIFE: Na

MINISTERIAL CARD: 5-6-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

To Father & Mother SEP 22 1944

DEL'D TO MOTHER: SEP 19 1944

DEL'D TO WIFE:

Mr. & Mrs. Oswald Sharpe Aspinall,
5025A St. Catherine St. E.,
Montreal, Que.

COMMAND:

RELIGION:

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA XX

ESTATES BRANCH APR 23 1946 H.Q. OTTAWA NATIONAL DEFENCE

Date Apl 16 1946

RECEIVED this date Treasury cheque for the sum of

ONE HUNDRED TWELVE----------50/100 Dollars ($ 112.50)

War Service Gratuity

in connection with the ~~estate~~ of the below-named deceased,

ASPINALL, Francis A. Sgt.
R 216179 R.C.A.F.

№ 11607

Mrs Jane Aspinall
Signature

30 Pads of 100—4-45 (7076) H.Q. 1772-45-6

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ——— ARMY ——— AIR FORCE 2034 M.L. 2 AIR

STATEMENT OF WAR SERVICE GRATUITY

A-20937

DECEASED MEMBER'S NAME: Francis A. (CHRISTIAN NAMES) Aspinall (SURNAME)

REGISTER NO.

FILE NO. 2034

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

DATE 13 Sept/45

SERVICE NO. R216179

FINAL RANK OR RATING Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

DATE OF DISCHARGE 23 May/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 463/30 EQUAL TO 15 COMPLETE PERIODS AT $7.50	112.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25C. PER DAY		
C. SUPPLEMENT FOR OVERSEAS SERVICE			

JU 20 1

DAILY RATES AT DISCHARGE

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

SEP 27 1945

D. WAR SERVICE GRATUITY		112.50
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		112.50

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
JFM	AMS

TREASURY	
CHECKED BY	DATE
	15-9-45

SERVICE REPRESENTATIVE

B

ESTATES BRANCH

Department of National Defence

Ottawa, Canada

Date Dec 12 - 1944

Received this date from the Treasury Branch cheque for the sum of

ONE HUNDRED & TWENTY-NINE 63/100 Dollars ($129.63)

being in connection with the distribution of my son's Service estate.

ESTATES BRANCH DEC 15 1944 H.Q. OTTAWA DEPARTMENT OF NATIONAL DEFENCE

ASPINALL, Francis A., Sgt. (Deceased)
No. R.216179, R.C.A.F.

Jenny Aspinall
Signature

Re[illegible] this whole Form and instructions on [illegible]er side before commencing to comp[illegible]e.

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

WILL

(a) Names in full to be written.

(1) (a) I, Frank Spinall of the City ~~Town~~ ~~Village~~ ~~Township~~

of Montreal in the County of Maisonneuve District

Province of Quebec Lepp. Toolmaker
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R-216179 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) Jenny Spinall ~~5025A St. Catherine~~

(c) 5025A St. Catherine St. East.

(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 Jenny Spinall (Name) 5025A St Catherine St East (Address)

to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 17

day of February 1943

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

Frank Spinall
(Signature of Testator)

First Witness sign here.

(5) Paul Marchand
(Signature)

[illegible]
(Permanent Home Address)

[illegible]
(Occupation)

Second Witness sign here.

R. Garceau.
(Signature)

4676 Highgate Ave.
Montreal, Que.
(Permanent Home Address)

Clerk.
(Occupation)

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

[illegible] Records Office
Rec'd FEB 23 1943
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 Ave., Ottawa, Ont., the balance of my estate" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge St., Toronto, Ont., the balance of my estate in equal shares or in the event that one of them dies before me, then all to the survivor of them".

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

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

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

GENERAL

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

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

STATEMENT OF LOCATION OF WILL

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

.....
(Name and address in full)

.....

.....
(Signature)

Your File H.Q R 216179 FD 145

5025a St Catherine St E
Montreal Que
July 12-44

F L. Smith

Dear Sir:-

Received your letter enclosing accounts also received the baton of my son effects But did not receive the registered mail..

Will you kindly forward copy of will to myself to the New York Life Insurance Co Montreal Office

Regarding outstanding accounts please pay out of balance I pay I am Sir.

Yours Truly

(Mrs) Jennie Aspinall.

ESTATES BRANCH JUL 14 1944 H.Q. OTTAWA NATIONAL DEFENCE

Always Present this Folder When Making Payments or Additional Purchases
It identifies your Account, gives you a complete statement, and shows the balance due.

	Date Entered Date d'entrée	Items Item	Debit Débit	Credit Crédit	Balance Balance	Account No. Compte No.
1	[redacted]-4-44		★ 162.26			R NA
2	-8-4-44		★ 4.05			R SU
3	8-4-44			★ 80.00	★ 86.31	308 849 RDP
4	22-4-44			★ 20.00	★ 66.31	308 849 XCL
5	-6-5-44			★ 15.00	★ 51.31	308 849 RCL
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Veuillez présenter cette carte à chaque versement ou achat additionnel.
Elle vous sert d'identification, vous donne un relevé de compte complet, et vous tient au courant du solde dû.

Always bring or send your folder when making payments.

◆

BUDGET PLAN OFFICE

Seventh Floor

Victoria Street

THE T. EATON Co LIMITED
OF MONTREAL

◆

Apportez ou envoyez votre livret quand vous faites un paiement.

PLEASE DO NOT CUT, FOLD OR CRUSH THIS FOLDER

If presented each time the folder will give you a complete statement of your account and the balance due.

KINDLY NOTIFY US OF ANY CHANGE OF ADDRESS.

VEUILLEZ NE PAS COUPER, FROISSER OU PLIER CETTE CARTE

Vous serez ainsi toujours au courant de l'état de votre compte et du solde dû.

VEUILLEZ NOUS AVERTIR DE TOUT CHANGEMENT D'ADRESSE.

Mr. F. A. Aspinall 30-8-49
5025 A St. Catherine St E
Mtl

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Jennie Aspinall,
5025A St. Catherine St., E.,
Montreal, Que.

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. R216179 FD 145

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 16, 1944.

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

ASPINALL, Francis Allan, LAC.,

R216179 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.

ESTATES BRANCH JUL 3 1944 H.Q. OTTAWA. NATIONAL DEFENCE

for Administrator of Estates.

DBS/MH

M.F.W. 77
5M—1-44 (3371)
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.....		Oswald Sharpe Aspinall	46	5025A St Catherine St. E
4	Mother of the Deceased.....		Jenny May Aspinall.	40	" " " " Montreal. Que.
5	Brothers of the Deceased	Full Blood	—		
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	—		
		Half Blood	—		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Francis Allen Aspinall
9	Date of his birth.	april 10th. 1924
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	april 21st 1923

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Halifax. Nova Scotia.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Halifax. 2 yrs (b) montreal 18 yrs (c) (d)
14	Nature of employment before enlistment.	apprentice. Toolmaker.
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. Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	with - R.C.A.F.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? yes	Bank montreal. St Clement St. act- 3391. $ 8.94
20	Amount of War Savings Certificates held by deceased. Indicate where located.	not known
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	" "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Policy - New York Life - $2.000. Premium Retained only (Jenny Aspinall Beneficiary.)
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.	—
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.	$ - 101. 10 - Pay Paid by Father.
	(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 or Commissioned Officer of any of His Majesty's Forces.

(Mrs.) Jenny May Aspinall ..... Signature of Informant

5025a St Catherine St. E. Montreal. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Mrs. Jenny M. Aspinall

See above. ——— {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.

Dated at Montreal, Que., this 30th. day of June, 19 44.

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

D. Victor Warner

Qualification Clergyman, Rector, St.Cyprian's Church, Montreal.

Address 1431, Boulevard Pie IX, Montreal. CH:7800.

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

Deceased young man was a graduate of the Montreal High School, and well known in this locality, (Maisonneuve), where he lived for the greater part of his life. His parents are well known to me as very worthy and useful people, with many friends here, and elsewhere in Montreal.

OUTFIT ALLOWANCE PAID
WARRANT OFFICERS $.....ON.....
OFFICERS $.....ON.....
$.....ON.....

MARRIED OR SINGLE S.
T.O.S. for Pay 16 2/43
APPOINTED OR ENLISTED
AT Montreal, P.Q. ON 19 Jan. 1943

RECORD OF PAY

BANKING ARRANGEMENTS .....
NET RATE OF DEFERRED PAY $.....
NO. R.216179 NAME IN FULL Aspinall, F.A.

RATE OF PAY											ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
D.R.O. NO.	EFF. DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD PAY	COMBINED RATE	PEN. DED.	NET DRAW'G RATE OF PAY	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	
162	29.6.43	LAC	S	A.S.	1.50		1.50			Reclassified	Mrs. J. Aspinall	1.3.43	15.00	15.00					
2	19.12.43	LAC	S	A.S.	1.50	.75	2.25			Auth. Flying Pay	M.F.M. 18 #48	1.6.44	15.00	0					
										Remus. Nav "W" Eff. 10.12.43 DRO. 17									

DATE 1944	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE
	BROUGHT FORWARD			
1 MAY	C.P. 31 x 2.25		69.75	69.75
	A.P.	15.00		54.75
	A.R. # 69	27.00		27.75
	Z-6 Cash found in effects Fin Rec. 207295		.54	28.29
	Died on 23 May/44 - S.O.S. the R.C.A.F. eff. 23 May/44 - DRO. 125.			
	Twenty-eight dollars & twenty-nine cents cr.			
	N.G. Dymond F/L No. 8 A.O.S., Ancienne Lorette, P.Q.			

DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE
	BROUGHT FORWARD			

DATE	PARTICULARS	DEBIT	CREDIT	BALANCE
	BROUGHT FORWARD			

Certified true copy of Record of Pay for the last month in which Pay was credited.

N.G. Dymond F/L
Accountant Officer
No. 8 A.O.S. Ancienne Lorette, P.Q.

28.29 cr

1134

CARRIED FORWARD

CARRIED FORWARD

CARRIED FORWARD

R.C.A.F. A28B
300M—9-43 (3367-3483)
H.Q. 885-A28B

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R216179 RANK L.A.C. UNIT 8 A.O.S. QUE.

TRADE NAVIGATOR

NAME ASPINALL, FRANCIS ALLEN A

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

MARITAL STATUS SINGLE RELIGION C OF E CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. JENNIE ASPINALL (MOTHER)

ADDRESS 5025A ST. CATHERINE ST. E. MONTREAL, QUE.

NAME
ADDRESS
D.A.B. AGREES

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. JENNIE ASPINALL (MOTHER)

ADDRESS 5025A ST. CATHERINE ST. E. MONTREAL, QUE.

FATHER'S NAME MR. & MRS. OSWALD SHARPE ASPINALL

ADDRESS 5025A ST. CATHERINE ST. E. MONTREAL, QUE. LIVING ON ENLISTMENT YES

MOTHER'S NAME

ADDRESS LIVING ON ENLISTMENT YES

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. 8 A.O.S.---M47---d-23-MAY-44 MR75/23-MAY

"KILLED" 23-MAY-44 AS A RESULT OF A FLYING ACCIDENT AT POINTE AU PIC, QUE. (ROUTINE NAVIGATION EXERCISE)

P

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

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

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

DATE 31-MAY-44

Asst Bushnell

FOR CHIEF OF THE AIR STAFF

△TS-RT 4

COPY FOR C.R. FILE

26299

Pension No. P.&N.H.56-F

THE CANADIAN PENSION COMMISSION

Reg. No. R-216179 Rank L.A.C. Unit

Name ASPINALL, Francis A.

Relationship of applicant for Pension to member of forces

September 13th, 1944.

Present Pension Status

Sgt. Trow, pilot, L.A.C. Kitts and L.A.C. Aspinall and a member of the R.A.F. were killed in a flying accident which occurred on the 23rd of May, 1944.
All three Canadian airmen served in Canada only.

Investigating Officer found that "the aircraft flying at around 1500 to 2000 ft. disintegrated in the air and crashed."
Cause of the crash was considered obscure and might possibly have been due to the ignition of an accumulation of an explosive mixture of gasoline vapor. None of the occupants were considered negligent and the possibility of sabotage was discounted.

All three airmen were in the performance of Airforce duty.

Present Application

Apparently has no dependents. Parents were named as next of kin.
Assigned Pay was in issue at $15.00 per month.

Relationship of death to service.

Decision of Commission

The Commission rules that the cause of death was directly attributable to air force service.

As no claim has been filed, no further action is indicated at present.

ACTIVE FORCE

CHIEF TREASURY OFFICER Department of Pensions & National Health SEP 26 1944 RECORDS HEAD OFFICE 72

Signed at Ottawa September 13th, 1944. 19

FIRST HEARING

(Chairman) Canadian Pension Commission

(Member) Canadian Pension Commission

(Member) Canadian Pension Commission

C.P.C. 566 25M-11-43 Req. 1041

R.C.A.F. Special Reserve

AIR FORCE No. R216179 | SURNAME ASPINALL | FULL CHRISTIAN NAME FRANCIS ALLEN | ENLISTMENT/~~APPOINTMENT~~ PLACE MONTREAL, QUE DATE 19-1-43 | RELIGION ANGLICAN

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
10-4-24	HALIFAX, N.S.	CANADA	CANADIAN	CANADIAN

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

MACHINIST, TOOLMAKER 1941-43

PREVIOUS SERVICE

NIL

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
MONTREAL QUE 5-1-43	A1 B A3 B (T) A3 B A3B(V)		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: SINGLE

WIFE (FULL MAIDEN NAME) OR HUSBAND:

PRESENT ADDRESS (IN PENCIL):

PLACE OF MARRIAGE: DATE:

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

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

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

Mrs. Jennie Aspinall (Mother)
502 S A St. Catherine St. E, Montreal, Que.

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)

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	19/1/43		AIRCREW	19/1/43	
LAC.	29/6/43	PR0162.	Aircrew WS	11/4/43	ORO 86/43
			Navigator Wireless	10/12/43	ORO 1295/43.

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
AIRCREW 3	5		P	

AIR FORCE No. R216179

SURNAME: ASPINALL

FULL CHRISTIAN NAME: FRANCIS ALLEN

ENLISTMENT/~~APPOINTMENT~~ PLACE MONTREAL, PQE DATE 19-1-43

RELIGION: ANGLICAN

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
20-1-43	15-2-43	27	OLWP	M10/28
29-8-43	5-9-43	7	Mid Term	DRO208
S.L.T.W.	C312435	~~25~~	~~Dept #3~~ 25-8-43	DRO208
10-12-43	24-12-43	14	Special	DRO295/43
24-12-43	29-12-43	5	Xmas	DRO299

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

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
5 1 43	G.T.	48

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#13 Rec. C. mtl. Que	#13 Rec. C. mtl. Que	19 1 43	DRO#
SOS	#13 Rec C	#5 M.D. mtl. Lachine	15 2 43	DRO#17
T.O.S.	#5 M.D. LACHINE		16 2 43	41-43
SOS	No 5 M.D.	No 4 W.S.	11 4 43	DRO 86/43
	2 W.S.	8 A.O.S. Calgary ancienne route	1 1 44	DRO 299

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Admitted Sta Hosp. 28-3-44	DRO 77/44
Discharged " " 1-4-44	
Killed on 23rd May 1944 and	DRO 126/44
S.O.S of R.C.A.F. eff. 23rd May/44	

AIR FORCE No. R.216179

SURNAME: ASPINALL, FULL CHRISTIAN NAMES: FRANCIS ALLEN

ENLISTMENT PLACE Montreal P.Q. DATE 19-1-43

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44 (B) 5M-11-42 (1346) H. Q. 1062-3-58

7. BIRTH: DATE 10-4-24 | PLACE Halifax NS | CITIZENSHIP British

FATHER (FULL NAME) Oswald Wm Aspinall

BIRTHPLACE Montreal P.Q.

MOTHER (FULL MAIDEN NAME) Jessie May Allan

BIRTHPLACE Hants Eng.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x	P.Q.
JUNIOR MATRICULATION x	"
SENIOR MATRICULATION	
TECHNICAL SCHOOL	
UNIVERSITY	
CORRESPONDENCE COURSES	

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

Can Vickers Ltd Mechanic 1941 pres
tool maker

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

—

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gnr (NS) Badge	8 a/c 189	23-5-44

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER /

13. RELIGION C of E

14. LANGUAGES English.

15. SPORTS Hockey swimming baseball
Has won medals in swimming Mech.
inclined drums and cars.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Mrs Jessie Aspinall RELATIONSHIP Mother

ADDRESS: 5025 A St Catherine St E Montreal Que D.R.O.

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.
Forfeits pay AWL	5/6 9 43	2WS 215			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur	19 1 43				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

22.(a) ADDRESS PRIOR TO ENLISTMENT

5025 A St Catherine St E Montreal P.Q.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
	23-1-43					

R.216179 | ASPINALL, FRANCIS ALLEN
SURNAME | FULL CHRISTIAN NAMES

ENLISTMENT | RE-ENLISTMENT
PLACE Montreal PQ
DATE 19-1-43

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44 (B)
5M-11-42 (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.
T.O.S.	13 R/C Montreal	19	1	43	13 R/C 8
S.O.S.	13 R.C. Montreal	15	2	43	MTL R.C. 17
T.O.S.	5 M.D. Lachine Que.	16	2	43	5 M.D. 41
S.O.S.	5 M.D. Lachine	11	4	43	5 M.D. 86
T.O.S.	4 W.S. Guelph	11	4	43	4 W.S. 88
S.O.S.	4 W.S. Guelph	28	5	43	4 W.S. 123
T.O.S.	2 W.S. Calgary	amended 28	5	43	2 W.S. 134 / 2 W.S. 132
T.O.S.	2 W.S. Calgary Alta.	29	5	43	2 W.S. 134
S.O.S.	2 W.S. Calgary	1	11	44	2 W.S. 2 / 2 W.S. 299
T.O.S.	8 A.O.S. Ancienne L.	2	1	44	8 A.O.S. 3.
S.O.S.	8 A.O.S. Ancienne Lorette	23	5	44	8 A.O.S. 125
	Killed	23	5	44	8 A.O.S. 131
	W.G.S. Comp	2	10	44	
	~~EH~~				
	Killed	23	5	44	
	M447	23	5	44	

Completed WSG OCT 27 1944
EH

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
Ac.	19	1	43	13 R/C 8
LAC.	29	6	43	2 WS 162
T/Sgt pd. cancelled	23	5	44	8 AOS 189
T/Sgt pd	21	1	44	8 AOS 208

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.
5-1-43	R100	Q1B Q3BT Q3BA Q3BV	
Sm. Hosp	28-3-44	1-4-44	8 AOS 77-83.

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Ac	S	19	1	43	13 R/C 8
Nav. W.		10	12	43	2 WS 295
Nav. W.	S	10	12	43	8 AOS 17
AC/W.S.		11	4	43	5 MD 86

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
20-1-43	15-2-43		L.W.P.	13 R/C 8
24-5-43	29-5-43	5	Special	4 WS 123
29-8-43	5-9-43	7	Mid Term	2 WS 208
10-12-43	24-12-43	14	Spec.	2 WS 295

R216179 A8455

R5000

CONFIDENTIAL

RCAF FORM 5022

R.C.A.F. TRAINING REPORT

N A V I G A T O R "W"

No. 8 AIR OBSERVER SCHOOL

1. Surname ASPINALL Christian Names Allen Frank

2. Number R216179 3. Rank LAC 4. Course No 92B

5. Posted from #2 W.S. 6. Date Course commenced 3 Jan/44 7. Date course ended 2 June/44 8. Posted to.....

9. GROUND WORK			10. AIR WORK		
SUBJECT	MARKS ALLOT'D	MARKS OBTAINED	SUBJECT	MARKS ALLOT'D	MARKS OBTAINED
(a) Nav. Elements	200	153	(a) Air Nav. Day	300	247
(b) Nav. Theory	100	83	(b) Air Nav. Night	150	123
(c) Nav. Exercises	200	164	(c) Log Keeping	150	125
(d) Meteorology	100	81	(d) Reconnaissance	100	92
(e) Signals Written	100	92	(e) Photography	50	40
(f) Signals. Aural Signals Visual	50 50	42 45	(f) Signals Air Operating	200	143
(g) Aircraft Recognition	50	50	(g) Met. Observations	50	50
(h) Reconnaissance	50	47			
(i) Photography	50	36			
(j) Armament	50	37			
TOTAL	1000	828	TOTAL	1000	820
PERCENT		82.8	PERCENT		82.0

11. Assessment of qualities of Character and Leadership	Marks Alloted	Marks Obtained
	100	87

Degree of Suitability for further training.	0 Not at all Suitable	1 Moderately Suitable	2 Definitely Suitable	3 Extremely Suitable
12. As a Navigation Instructor			x	
13. Specialist Navigation Course		x		

(Mark "X" in the appropriate column for each)

14. Remarks: Passed ~~[illegible]~~ Killed in aircraft 23 May, 1944 after completion of all training and flying necessary for graduation as a Nav. "W".

15. Flying times (at this Unit)

Type of A/C	Time	1st Nav.	2nd Nav.	W/T Air Operating	Comb. Time	Photo	Total
Anson V	DAY	24:05	37:35	23:30	6:15	1:35	93:00
	NIGHT	12:05	16:30	11:50	6:15		46:40

X Count only the time during which the pupil carried full responsibility for the navigation of the aircraft.

Date.....24 May/44.....

Signed...E.W. Howard F/L
for Officer Commanding.

Sheet Destroyed, date.....
Date of last entry.....
Number of cases of drunkenness.....
Date of last instance of drunkenness.....

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R.216179 NAME AND INITIALS ASPINALL, Francis A. (IN BLOCK LETTERS) DATE OF ENLISTMENT 19-1-43

SHEET No. ONE (IN WORDS) SIGNATURE AND RANK OF C.O. C.A.R. Lawrence F/L. DATE 8-September-1943
for Commanding Officer, #2 Wireless School, R.C.A.F., Calgary, Alta.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
#2 W.T.S. Calgary, Alta.	6-9-43	LAC		A.W.L. from 2359 hrs. 5-9-43 to 0930 hrs. 6-9-43. Time absent 9 hrs. 31 min. Sec. 15(1) A.F.A.	Cpl. Tuff Documentary	7 days C.B.	7-9-43	C.A.R. Lawrence F.L.	Forfeits 1 day's pay C.A.R.L. F/L 8/9/43
				To be carried over					

R.C.A.F. R. 71
50M—6-41 (233)
H.Q. 1062—3-53

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. R216179 NAME Aspinall, F.A.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	Mins	2ND PILOT (B) Hrs	Mins	DUAL (C) Hrs	Mins	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	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 (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
No 2 WS	21/12/43																												18	10			2	30	20	40
	MAY-24/44																																			
																											139	40							160	20

No. 8 AIR OBSERVER SCHOOL
ANCIENNE LORETTE, QUEBEC

CERTIFIED CORRECT N. CYR

SIGNATURE [signature] F/L

for C.S.O. NO. 8 AIR OBSERVER SCHOOL
ANCIENNE LORETTE, P. Q.

CONFIDENTIAL

RACF. FORM 5029

R.C.A.F. SUSPENSION REPORT

N A V I G A T O R O R A I R B O M B E R

At (name of school) NO. 8 AIR OBSERVER SCHOOL

1. Surname ASPINALL Christian Names Allen Frank

2. Number R216179 3. Rank LAC 4. Course No. 92B

5. Posted from #2 W.S. 6. Date Course Commenced 3 Jan/44 7. Date of Suspension 23 May/44 8. Posted to

9. Aircrew Trade Nav. "W"

10. Flying Times (at this Unit)	1st. Nav.	2nd. Nav.	W/T Air Operating	Combined Time	Photo	Total
Day	24:05	37:35	23:30	6:15	1:35	93:00
Night	12:05	16:30	11:50	6:15		46:40

Count only time during which pupil carried full responsibility for the navigation of the aircraft.

	11. Chief Reason for Suspension	
Reason	Mark "X"	Brief particulars relating to the reason or reasons specified.
Air Sickness		Killed in aircraft accident 23 May-44
Other Medical	X	
Discipline		
Personal Request		
Failure in Ground Work		If either of these is a chief reason for suspension, full particulars should be given on the appropriate Training Report Form.
Failure in Air Work		

12. Report by Chief Instructor:

Killed in aircraft accident 23 May/44

Date 24 May/44 Signed H. Lee Foster F/L
CHIEF INSTRUCTOR

13. Commanding Officer's Recommendation - regarding suitability of this pupil for other training:

Air Bomber	
W.A.G.	
A-G.	
Other	

Remarks:

Killed in aircraft accident 23 May/44
Medical category A3B N.V. C25/32

Date 24 May/44 Signed E.W. Howard for
COMMANDING OFFICER

CONFIDENTIAL

R.C.A.F. TRAINING REPORT

R.C.A.F. FORM 5040

WIRELESS OPERATOR (AIR GUNNER)

NO. 2 WIRELESS SCHOOL

1. Surname ASPINALL Christian Names FRANCIS ALLEN

2. Number R216179 3. Rank L.A.C. 4. Course No. 70

5. Posted from No. 5 M.D.
Date 11 April/43

6. Date course commenced 3-5-43.

7. Date Course ended 10 Dec/43.

8. Posted to # 8 Air Ob.
Date 1 Jan/44

9. Morse & V.S. Tests	Required	Obtained
Morse Speed (P.L.)	20 wpm	S: 20
		R: 25
Syko speed (3 letters & 1 figure per group)	17 gpm	S: 17
		R: 20
Aldis Lamp speed	8 wpm	8

10. Flying Times (at this unit)	
Hours as 1st Operator	Total hours
14.20	20.40

11. Air Training	Allotted	Obtained
Air Operating Ability	350	281
Frequency Changing	300	250
D/F Loop Manipulation	200	130
Log Keeping	150	130
Total	1000	791
	PERCENT	79.1

12. Ground Training	Allotted	Obtained
Aural Morse	200	195
Visual Signalling	50	45
Manipulation(inc.D/F)	200	144
Procedure	200	146
Signals Organization	100	81
Technical (theory)	100	62
Daily Inspections & Fault Finding	100	86
Drill and P.T.	50	36
Total	1000	795
	PERCENT	79.5

13. Assessment of qualities of character and leadership	Marks Allotted	Marks Obtained
	100	70

14. Degree of suitability for training as signals instructor	0 Not at all suitable	1 Moderately suitable	2 Definitely suitable	3 Extremely suitable
		x		

Number in class 143 Position in Class 59

Pass or fail Pass Authorized to wear Wireless Badge Yes

Remarks .....

E K Allen Fl/c

Date 10 Dec/43 Signed .....
Officer Commanding

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R.C.A.F. FORM 5000A

RECAPITULATION OF TRAINING AND PERSONAL ASSESSMENTS FOR COMMISSIONING PURPOSES

1. SURNAME ASPINALL CHRISTIAN NAMES FRANCIS ALLEN

2. NUMBER R216179 RANK LAC

	(1) % of Training Marks Attained Ground	(1) % of Training Marks Attained Air	(2) Training Index	(3) Multiply by Weight Factor	(4) Final Training Index	(5) % of C&L Marks Attained	(6) Multiply by Weight Factor	(7) Final C&L Index	(8) Total Index
PILOTS									
ITS				2					
EFTS				2			2		
SFTS									
				TOTAL			TOTALS		
NAVIGATORS									
ITS				2					
AOS or AND				2			2		
				TOTAL			TOTALS		
NAVIGATORS "B"									
ITS				2					
B&G									
AOS or ANS				2			2		
				TOTAL			TOTALS		
NAVIGATORS "W"									
ITS									
W/S	79·5	79·1	158·6	1	158·6	70	1	70	228·6
AOS or ANS	82·8	82·0	164·8	2	329·6	87	2	174	503·6
				TOTAL	488·2		TOTALS	244	732·2
AIR BOMBERS									
ITS				2					
B&G				2			2		
AOS or ANS									
				TOTAL			TOTALS		

(See reverse side)

	(1) % of Training Marks Attained Ground	Air	(2) Training Index	(3) Multiply by Weight Factor	(4) Final Training Index	(5) % of C&L Marks Attained	(6) Multiply by Weight Factor	(7) Final C&L Index	(8) Total Index
W.A.G.s W/S	79.5	79.1	158.6	5	793	70	5	350	1143
B&G									
				TOTAL				TOTALS	
AIR GUNNERS B&G									
				TOTAL				TOTALS	

INSTRUCTIONS FOR USE OF FORM 5000A (RE/CAP SHEET)

Following instructions are issued for your guidance in completing this Form:

Column 1

(a) Enter % of ground marks attained.
(b) Enter % of air marks attained.

Column 2

Percentage of ground marks plus percentage of air marks.

Column 3

The weighting factor by which Column 2 is to be multiplied.

Column 4

Result of Column 2 multiplied by the weighting factor in Column 3. This figure to be entered under Column (g) of Class Report.

Column 5

Percentage of character and leadership marks attained.

Column 6

Weighting factor by which Column 5 is to be multiplied.

Column 7

Result of Column 5 multiplied by the weighting factor in Column 6. This figure to be entered under Column (i) of Class Report.

Column 8

Result of Column 4 added to Column 7. This figure to be entered under Column (j) of Class Report.

CERTIFIED TRUE COPY

B Leclerc F/L.

O. C. R.C.A.F. Recruiting Centre,
MONTREAL, - QUEBEC.
Date Jan 18/43

R.C.A.F. Special Reserve

April 10th, 1924. Jan. 5th, 1943.

PERSONAL RECORD

1. NAME: ASPINALL, Francis Allen. 2. NUMBER R.216179
(Surname and Christian names in Block letters)

3. EDUCATION: Highest standing attained. Province and course (e.g. XII, Ont. Tech)
XI. (Que.,) (Dates of last school attended) From 1937 To 1941

4. TEST: (a) C.T. 48 (Form 4) (b) E.A.T. (Form) (c) C.A.T.
(d) M.A.T. (e) A.T.
(f) Compensating Factors (if any)
(g) Suitable for AIRCREW ( ) or GROUND DUTIES ( ) (State Trade)
Date: Jan. 4th, 1943. Signature D.S. Rattray F/O.

5. CIVIL EXPERIENCE: (In chronological order by years, without intervals)

Employer	Business & Place	Details of Duties	From	To
Can. Vickers, Ltd.,	Montreal, Que.,	Machine Operator & Tool maker.	June 26/41	Present.

6. Details of Service or Similar Training: (e.g. military, auxiliary, C.O.T.C. cadets etc.)

7. HOBBIES & SPORTS: (a) In School years Gramophone Records.
(b) In civil life.. Hockey, swimming, baseball.

8. OTHER QUALIFICATIONS: (e.g. Languages, First Aid, Knowledge of Typing, Mechanics)
Mechanically inclined.

9. AGE 18 20/ HEIGHT 5'-8 1/4" WEIGHT 124
Visual acuity 20/15 20/15 Colour Vision N. Adh. Medical Category A1B. A3B.
(mark X as applicable) M.O.'s ASSESSMENT

Fit - A1B (x)
A3B (Turret) (x)
A3B (x)
A3B (Vision) (x)
Ground Duties ( )
Medical Exam not given
(State reason) ( )
Date 5-1-43.

A boy with a quiet disposition, who co-operated well in tests. Good intellect. Should gain weight in service.

Signature S.A. Hopper F/O.

10. INTERVIEWING OFFICER'S ASSESSMENT: Has driven a car about 100 miles. Average in appearance but young and should improve in service. Keen to go air crew and will co-operate in every way. Mother is not worried. Should be good aircrew material.

RECOMMENDED FOR Aircrew.
Date 5- Jan. 1943. Signature A.A. Marshall F/O.

This space for use of Selection Board at "M" Depot
SELECTED FOR
Aircrew - W.S.
Signature A.C. Lindsay Jr
No. 5-"M" Depot Selection Board 26
2-3-43

FOUND SUITABLE FOR
Aircrew Std.
Signature B. Leclerc F/L.
for C.O. No.13 Recruiting Centre,
Date Jan. 18th, 1943.

Note: Information called for on the reverse side of this form is also to be provided when submitting applications under Manning Order 11.10/25 A.F.M. 53

	FORM	SCORE
CT	4	48
AAT		61
CAT		52
EAT	B-21 M2-9	30
MAT		

AIRCREW SELECTION BOARD
No. 5 M.D. R.C.A.F. Lachine, P.Q.

To be made out in duplicate

M.F.M. 5
25M—6-42 (4975)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank ASPINALL FRANK ALLEN
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R-216179 AC 2.

(3) Unit R.C.A.F MANNING DEPOT LACHINE

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife

(6) If married, have you been regularly supporting your wife? If not—state reasons
No

(7) Are you a widower? No

(8) Have you any children? No Number of boys NONE Girls N.A.

Names and ages

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

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

Name N.A.

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

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

N.A

(11) Is your father alive? YES

If so, state name and address, occupation ASPINALL OSWALD SHARPE

GENRAL FORMAN CANADIAN VICKERS LTD. 5025A St Catherine East. Montreal

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

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

N.A

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

(14) Is your mother alive? YES

If so, state name and address ASPINALL JENNY

5025A ST. CATHERINE STREET EAST MONTREAL.

(15) If your mother is a widow, are you her sole or partial support? NO

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

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

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

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? YES

If so, in what Company? METROPOLITAN LIFE

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? YES
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Frank Aspinall

(Signature of officer or man)

Date Feb. 17, 1943

H.R. Smith F/O

Officer Commanding No.5 M.D. R.C.A.F.

Date 17 Febr. 43

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

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

1. PLACE OF DEATH — Municipal county: Charlevoix; Official name of civil municipality or township: Pointe au Pic; Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street ____ No. ____ Hospital or Institution ____

2. LENGTH OF STAY

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

3. NAME OF DECEASED (Block letters) — Surname: ASPINALL R216179; Given names: FRANK ALLEN

4. RESIDENCE — Street: St Catherine St No. 5025A; Official name of civil municipality or township: Montreal; Municipal county ____ Province: Que.

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

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

10. BIRTHPLACE (Province or Country): —

11. DATE OF BIRTH: Apr. (Month) 10 (Day) 1924 (Year)

12. AGE OF DECEASED: Years 20 | Months 1 | Days 13 | If less than one day old ____ hrs. or ____ min.

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: aircrew

15. Date deceased last worked at this occupation.

16. Total years spent in this occupation: 1

17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	
MOTHER (Maiden name)	

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)

(To be filled in by Undertaker *(For cities only)*)

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

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge and sticking it down carefully. He shall then initial the obverse of the flap.

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 23 (Day) 19____

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) Aeroplane Crash

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b) General injuries

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 Date: May 23 19 44
(State which)

Manner of injury: Fall from aeroplane
(How sustained)

Nature of injury: Serious injuries

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

Signed: D. A. Rogers, coroner M.D.

Address: La Malbaie Date: May 23 19 44

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

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)

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 constaté, 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 impréyue (*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 cornoers (Ch. 153 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 initiale 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 cornoers soient remplies. Il suffit à ces autorités de posséder un renseignement d'ordre général quant à la cause du décès pour décréter de la procédure à suivre.*

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

m.l 4 AIR

A-20937

[redacted]CED
[redacted]RS
[redacted]AME

Francis A. (CHRISTIAN NAMES) Aspinall (SURNAME)

REGISTER NO.

FILE NO. 2034

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

DATE 13 Sept/45

SERVICE NO. R216179

FINAL RANK OR RATING Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

DATE OF DISCHARGE 23 May/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 463/30 EQUAL TO 15 COMPLETE PERIODS AT $7.50	112.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25C. PER DAY		
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____	$ ____		
TOTAL	$ ×7 = $		
NO. OF DAYS ____/183	× $		
D. WAR SERVICE GRATUITY		112.50	
E. DEDUCTIONS — OVERPAYMENT OF	PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		112.50	

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

P. & A. Bal. Trans. Trust Account
Journal Voucher # G201

SEP 22

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
JKM	AMS

TREASURY

CHECKED BY	DATE
	13-9-45

SERVICE RE[redacted]VE

Treasury Office.
Air Force Services
OTTAWA. - CANADA.

Rec'd. SEP 14 1945

P. & A. SECTION

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R216179	LAC	ASPINALL	FRANCIS ALLEN

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
No.8 A.O.S. Ancienne Lorette, P.Q.	May 23/44	(R216179)	Anglican

9. CIRCUMSTANCES OF CASUALTY

KILLED IN FLYING ACCIDENT
AT POINTE AU PIC QUEBEC

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

O.S.
MRS ~~JENNIE~~ ASPINALL
5025A St, CATHERINE STREET, EAST,
MONTREAL 3 QUEBEC

11. LOCATION OF UNIT AT TIME OF CASUALTY

No.8 A.O.S. Ancienne Lorette, P.Q.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
MOUNT ROYAL CEMETERY	MONTREAL QUEBEC	Grave 415 Plot G943 Soldiers plot Row.	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
May 29/44		NEXT OF KIN - No.8 A.O.S. File.

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET

M.F.W. 2643
3M—9-43 (1825)
H.Q. 1772-39-1458

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 Aspinall (surname) Allen Frank (christian names in full)

Rank LAC Number R-216179 Unit # 8 AOS Age 19 Trade N/W

Date of accident and time of day 1035 hrs. May 23/44 place of accident Pointe Au Pic, Que. (exact locality)

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).

Airman dead.

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

3. *(a)* Type and R.C.A.F. No. of aircraft Anson - C5 - 11678

(b) Name of pilot of aircraft (at time of crash) Trow - James Edward

(c) Number in aircraft, *including* pilot 4

(d) Circumstances of accident: *taxiing* ..... *taking off* ..... *landing* ..... *forced landing* ..... (designate one)

collision in air ..... *collision on ground* ..... *other (specify)* Under Investigation.

(e) Weather C.A.V.U.

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

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

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

4. *(a)* Description of injuries (in detail) Abdomen ripped open-left lower quarter almost torn off. Back broken. - Jaw broken - Upper lip torn away. Both legs broken - rt. shoulder broken - All rt. ribs broken. Rt. arm broken - Left arm multiple breaks.

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

(c) How long before initial treatment was given? None required.

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

Date May 23/44 Signature of Medical Officer J. A. Scott Flt. Lt.

R.C.A.F. Rec'd JUN 15 1944 O.K. R.C. S.L.

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~~ approved by proper Air Force authority?..... NO .....

(iii) On leave? (or pass) (State whether with or without pay)..... NO .....

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~~ supervised and under whose authority?..... NA .....

.....

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

(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?..... NA .....

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?..... NA .....

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

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

.....

(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:..... NA .....

.....

.....

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?..... NO .....

If so, state in what way..... NA .....

.....

(e) Was anyone else to blame? If so, give name and particulars..... BEING INVESTIGATED .....

.....

.....

(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 M Christie
(R.M. Christie) W/C
Chief Supervisory Officer.

Date: May 23, 1944

Commanding No. 8 A.O.S. ARCTERRE LORETTE P.Q.

INSTRUCTIONS

1. ~~This form is to be rendered WITHIN 48 HOURS after the event in all cases of accidental or self-inflicted~~ injuries to an officer or airman involving:—

(a) death,

(b) absence from duty for 48 hours or more, or

(c) absence from duty of less than 48 hours when the Medical Officer, who should invariably be consulted, advises that the injury *may* be the exciting cause of disability later.

AND ALSO

~~*(d) In all flying accidents involving personnel, whether there is evidence of injury or not.*~~

2. A separate form is to be used in respect of each individual affected.

3. The form is to be rendered notwithstanding the holding of a court of inquiry or investigation (see instruction 10).

(a) Three copies of this form are to be forwarded in all cases direct to Air Force Headquarters, one copy is to be retained by the Unit rendering the form, and one copy placed in the medical envelope, R.C.A.F. M. 10 of the person concerned.

(b) One copy of the form is to be forwarded to Command Headquarters for their information (but see instruction 10).

(c) Of the copies received at Air Force Headquarters, one copy is to be sent to D.M.S. (Air), and the remaining two copies passed to Records Officer who will forward one copy to the Canadian Pension Commission and place one copy on the document file of the person concerned.

4. Section 3 *(a)*, *(b)*, *(c)*, *(d)*, *(e)*, *(f)*, *(g)*, *(h)*, is only to be answered in cases of flying accidents involving personnel as per instruction 1 *(d)* above—(see K.R. (Air) 669A *(a)* (i) and (ii) for definition).

5. This form is to be used in lieu of Naval Hurt Certificate for injuries sustained by naval personnel serving with the R.C.A.F., in all cases where issue is appropriate under instruction 1 above, irrespective of whether the circumstances are such as would justify the issue of a Hurt Certificate under K.R. (Admiralty) 1419. Whenever the injury is one for which a Hurt Certificate might have been issued, copies of form R. 78A are to be made in Air Force Headquarters and forwarded as follows: For an officer, two copies are to be returned to the C.O. of the unit, who is to pass one copy to the officer and endorse the other copy to that effect and then return the copy to Air Force Headquarters for transmission to Naval Headquarters. For a rating, one copy of form R. 78A is to be returned by Air Force Headquarters to the Unit for attachment to the Service Certificate (Naval) on which an appropriate note is to be made.

6. The statement made by the injured person in Section 2 of this form should not be used as evidence against him in any subsequent disciplinary proceedings. The rendering of this form should not be delayed in the event of his being unable to make a statement, but the latter should be forwarded at the earliest opportunity.

7. No statements of witnesses are required in support of form R. 78A when an accident forms the subject of a court of inquiry or an investigation under K.R. (Air) 669A or 674. Where no such inquiry is held, form R. 78A must be accompanied by full statements taken by an officer or warrant officer from witnesses of the accident and signed both by the witnesses and the officer or warrant officer. When there are no witnesses, statements from any persons to whom the injured person may have mentioned his injury immediately after the occurrence should, when obtainable, be attached to the form. In the case of injury in organized games, etc., when the witnesses of the accident are in agreement, the evidence of one witness only need be attached to the form, his statement being endorsed by the other witnesses in corroboration. When separate forms are rendered in accordance with instruction 2 above, a copy of the statements of witnesses is to be attached to each form.

8. In the case of an injury sustained in an organized game, etc., it is most important in the interests of the injured officer or airman that the questions contained in Section 5 *(b)* of the form should be answered carefully and in full detail, since if and when the question of attributability of the injury to conditions of service comes to be decided under the provisions of the Pension Act, that decision may be based on the information given in answer to these questions.

9. When an affirmative answer is given to Section 5 *(a)* (i) the statement required by Section 2 should specify the particular act of air force duty on which the officer or airman was engaged at the time the injury was received.

10. Courts of inquiry are to be held or investigations made when required under K.R. (Air) 669A and 674 regardless of the rendering of this form, but a copy of this form should be included in the proceedings of the court of inquiry or investigation for information. The proceedings will be disposed of as laid down in regulations in force at the time of reporting.

11. In addition to being reported on this form, all casualties are to be reported in accordance with the procedure laid down in K.R. (Air) 1871, *et seq.* and A.F.A.O. A. 8/1.

12. Sections 5 *(d)* and *(e)* should be definitely answered where the answer is obviously in the negative, but in cases of doubt it should be stated that no opinion can be given pending finding of court of inquiry or investigation.

R.C. 1 FORM

N° R216175 ...RANK AC2 ...NAME. Pedersen, Louis Romangildo Guy .DATE. 24th July/43...

Date of Birth	Selection Board at	Married Single	Civil occupation	Citizenship
24-11-23	#1 A.G.G.T.S., Quebec City.	Single	Seaman	Canadian

I.T.S. (W) Maths. %	E.F.T.S. %	S.F.T.S. %
Nav. NA %	NA %	NA %

Education Credits	C.T.	Sports Interests	Basic Trade or (SRO)
Matric. Jr. Matric.	38	General	A.G. Std.

Flying Time	Service Schools attended	Time to Solo
England.....Nil.....hrs U.S.A.....Nil.....hrs Canada.....Nil.....hrs	Nil	Nil

Unit by which eliminated	Reason for Elimination	Recommendation of such Unit
#1 AGGTS Quebec City.	Failed Course	Cease Training

Medical Category	V.G.	Good	Average	Poor
A1B A3B (TV) Ht. ~~70 Cloth 35-37~~				
Temperament		x		
Personality		x		
Keenness			x	
Intelligence				x
Service Spirit			x	
Determination			x	

Decision of Reselection Board

Unsuitable for Aircrew.

Completed course. Failed in the following subjects: Arm. Orals 40/100; Arm. Written 87/300; Anti-Gas 34/100; A/C Rec. 4/100; Maths. 15/50; Nav. 21/100. It is quite apparent that this man has not the ability to absorb any phase of aircrew training. Posted to #1 M Depot. Auth: A.F.A.O. 44/5, Para. 20 (c).

R.C.A.F. Records Office
Rec'd AUG 11 1943
O. K. ..... C.I.B.
R. C. ..... No. 1
L. ..... P. A. 85

for G. Hamberville
(J. Vadboncoeur)
(J.P.J. Desloges), Squadron Leader,
Commanding Officer,
No. 1 A.G.G.T.S. (Temporary),
Quebec City, Que.

CONFIDENTIAL

R.C.A.F. Special Reserve

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

MABB 2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, Que *Date* 5/1/43

FILE NUMBER R.216179

/18

Surname ASPINALL *Chr. Names* ALLEN FRANK

Nature of Commission M 2 *Date of Birth* 10/4/24 *Married or Single* single

Branch General List *Hours Flown* few minutes as passenger

Address 5025 A St. Catherine St. 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 pneumonia @ 4 - no complications
Asthma or Hay Fever NO

(iii) HEART DISEASE, "Weak or Strained Heart" Thinks he had a weak heart as young boy
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 T. & A as child. Appendectomy 1937

(x) Any illness or Injury not mentioned above
measles as child

R.C.A.F. Records Office
Rec'd JUL 6 1943
O.K. C.J.B.
R.C. N.J.
S.L. P.A.

Education Grade XI Quebec
Present Occupation tool-maker Hobbies music + stamps
Previous Service none
Athletics swimming, hockey, baseball
Habits—Smoking no Alcohol no
FAMILY HISTORY—Consumption no Diabetes no Haemophilia no
Nervous Ailments, Mental Trouble, or "Fits" no

Father Alive—Health good Dead—Cause n.a.
Mother Alive—Health good Dead—Cause n.a.
Brothers (0) Alive—Health n.a. (0) Dead—Cause n.a
Sisters (0) Alive—Health n.a. (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 5-1-43 *Signature* Frank Aspinall *Witness* S.A. Hopper F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique...sedentary.....*(b)* Mentality.....standard.....
Body Marks, Scars, Deformities.....McBurney's appendectomy scar.....
Size of Thyroid Gland.....normal.....
Surgical Abnormalities.....varicolle(mod) on left side.....
Results of Wounds, Injuries, Operations.....appendectomy scar well healed.....

	Date 5/1/43	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	68½			Date 5/1/43
Weight (lbs.)	124			Thee is a systolic murmur in the pulmonary area which appears functional.
Chest Circumference (ins.)	33			
Body Build (lbs.)	- 13			
Leg Length (ins.)	40			
Pulse Rate (Sitting)	78			
Pulse Rate (Standing 1st)	-			
Pulse Rate (Standing 2nd)	-			
Pulse Rate (After Exercise)	-			
Pulse Rate (Time to Normal)	-			
Arterial Walls	n			Date 5/1/43
Blood Pressure (Systolic)	116			Small area of pysoriasis on right knee which has been the same for past 12 yrs.
Blood Pressure (Diastolic)	68			
Room Temperature	n			
Heart (Size (in cms.) apex)	1.5 cm med M.C.L.			
Heart (Sounds)	n			
Heart (Rhythm)	n			
Lungs (Inspection)	n			
Lungs (Palpation)	n			
Lungs (Percussion)	n			
Lungs (Auscultation)	n			
Lungs (Expiratory Force)	n .a.			
Lungs (X-Ray)	neg			Date
Reflexes (Knee)	n			
Reflexes (Ankle)	n			
Reflexes (Triceps)	n			
Reflexes (Abdominal)	n			
Reflexes (Plantar)	flexor			
Cranial Nerves	intact			
	R. L.	R. L.	R. L.	
Balancing Rod	n.a.			
	R. L.	R. L.	R. L.	
Self Balancing	S S			Date
Tremors (Fingers)	coarse			
Tremors (Eyelids)	coarse			
Abdomen (Liver)	n			
Abdomen (Spleen)	n			
Abdomen (Muscular Tone)	good			
Urine (Albumen)	neg			
Urine (Sugar)	neg			
Initials of M.O.	S.A.H.			

40 mm. Hg. Test.....
Date 5/1/43 7/789/1099/987/798 61 secs 1st try S.A.H.
Date.....
Date.....
Date.....
Date.....

EYE EXAMINATION

History			
	nil		
Visual Acuity	R. 20/15, c ~~2.50~~ = 20/80		
	L. 20/15, c ~~2.50~~ =		
Colour Vision	normal sh		
~~Red~~ Green	M.R. Eso D 1		
Diaphragm Test (P.D. = 59 mm)	Bar @ 1		
Convergence	C. = 6 cms.		
	S. C. = 11 cms.		
Accommodation	R. 8 cms		
	L. 8 cms		
Cover Test	mod. div. dev. mod. slow recovery		
Fundi and Media	normal		
Fields	normal		
REMARKS:	Fit A1B A3B		
	Initials of M.O S.A.H.	*Initials of M.O*	*Initials of M.O*
	Date 5/1/43	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History			
	nil		
Hearing	R. Ear W V 20'		
	L. Ear W V 20'		
External Ear, Meatus Membranes	R. Ear normal		
	L. Ear normal		
Middle Ear, Eustachian Tubes	R. Ear patent		
	L. Ear patent		
Cochlear Apparatus	R. Ear /		
	L. Ear /		
Vestibular Apparatus	R. Ear /		
	L. Ear /		
Buccal Cavity	healthy		
Teeth	N		
Gums	N		
Pharynx	N		
Nasopharynx	N		
Nose	N		
Larynx	not seen		
REMARKS:	Fit		
	Initials of M.O SAH	*Initials of M.O*	*Initials of M.O*
	Date 5/1/43	*Date*	*Date*

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

No. 13 Recruiting Centre

Fit—A1B
A3B (Turret)
A3B
A3B (Vision)

Date: 5/1/43

S.A. Hopper F/O

No. 5 M.D.

A1B
A2B (T)
A3B
A3B (V)

Date: 23-2-43

M.O.

A boy with a quiet disposition. Cooperated well in tests. Should put on more weight in service. Intelligence good.

S.A. Hopper F/O

Service Medical History .....

Height 6 9½ Weight 138 Lbs.

Visual Acuity R 20/20 L 20/20 c 2.50 20/100 B.

Colour Vision — Ishihari 9th Edition —

Tympana R — L —

Nose — Throat — 124/72

Heart — B.P. —

Chest — V.D — Hernia —

CATEGORY a 3 B T APPROVED

DATE 31-5-43 No 2 Wireless School

M.O.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

AIR FORCE No. R.216179 POSTED TO #13 Rec. Sqdn. Mtl. TRADE Aircrew Std.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

SEE DECLARATION RE NAME ON FILE

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

1. Surname ASPINALL Full Christian Names Francis, Allen ~~Frank~~
2. Present Address 5025A St.Catherine St.E.Montreal, Que. Telephone CL 4115
3. Permanent Address 5025 A St.Catherine St.E.Montreal, Que.
4. Place of Birth Halifax, N.S. Citizenship Canadian
5. Date of Birth Apr. 10,1924 Married, Single, Widower, Separated, Divorced single
6. Particulars of Children none

Name	Date of birth	Name	Date of birth
n.a.			

7. Occupation tool-maker 8. Religion Anglican (State denomination)
9. Languages English fluently (State proficiency)
10. Next of Kin (Full Name) Mrs. Jennie Aspinall Relationship Mother
    " Address 5025 A St.Catherine St.E.Montreal, Que.
11. Father (Full Name) Oswald Sharpe Aspinall Birthplace Montreal, Que.
    " Address 5025 A St.Catherine E.Montreal Citizenship Canadian
    " Occupation General foreman
12. Mother (Full Maiden Name) Jennie May Allen Birthplace Hants., En.
    " Address 5025 A St.Catherine St.E. Montreal, Que. Citizenship British
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 JAN 22 1943
O.K. ..... C.I.B. .....
R.C. ..... N.I. .....
S.L. ..... 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

587-84

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Maisonneuve School, Mtl.	1930	1937	Completed grammar school
High School—Collegiate Institute, etc.	Montreal High, Montreal	1937	1941	Completed high school
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
Can. Vickers Ltd. Montreal	machinist, tool maker	1941		Still employed

23. Flying Experience (in Hours) Solo none Dual none Passenger 1 hr.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. mechanically inclined; drives a car;

25. Sports engaged in. State: extensively, moderately, occasionally hockey, swimming, baseball moderately
Has won medal in swimming

26. Air Force Duty you wish to enlist for ~~Ground Duties~~ Flying Duties.
If for Ground Duties, state Air Force trade in which you wish to enlist Aircrew Std.
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. T. Sommerville	Montreal High School, Montreal	Principal
Mr. C. ~~Derby~~ DERBY.	1460 Ville Marie St, Montreal, Que.	Purchasing agent
Mr. R. K. Thoman	Canadian Vickers Ltd, Montreal, Que.	Supt. Industrial Dept.
Mr. James Gee	5031 A St. Catherine St. E. Montreal, Que.	Harbor Commission ~~employee~~

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 Jan 5 19 43 Signature Frank Espinall

HMK

NATIONAL REGISTRATION CERTIFICATE PRODUCED. 19-8-40

T8 / Macis Rose. 1447 Pte Supras Rh.

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

Date.....January 19th.....19 43..... Frank Aspinall.....
Signature of Recruit

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

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

Date.....January 19th.....19 43..... Frank Aspinall.....
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.....19th.....day of.....January.....19 43

....
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism NO
(b) Tuberculosis NO
(c) Bronchitis or Asthma pneumonia @ 4 - no complications
(d) Heart Disease Thinks he had weak heart as child
(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 measles as a child T.&A as child, appendecto 1937

3. Have you ever worn glasses? NO

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

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

Frank E Spinelli
Signature of Applicant

Examiner's Remarks re above

Appendectomy 1937, T. & A as child, Pneumonia @ 4 - no complications.

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

1. Identification marks or scars (if operative obtain history)
McBurney's appendectomy scar.

2. Height 5 feet 8½ inches. 3. Weight 124 pounds.

4. Complexion medium 5. Color of Eyes blue Hair brown

6. Development ~~Good~~ Fair ~~Poor~~ 7. Chest Measurement—Full expiration 31 inches
Range of expansion 3. inches

8. Hearing—Right WV 20' Left WV 20' Tympana—Right normal Left normal

9. Vision—Without glasses—Right 20/15 With glasses—Right n.a.
Left 20/15 Left

10. Condition of mouth and teeth healthy

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination
There is a systolic murmur in the pulmonary area which appears functional.
Small area of psoriasis on right knee which has been the same for past 12 yrs.

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 (T) A3B A3 (V)

6-1-43 X Ray 164602 Neg /SL

Any special remarks of the Medical Officers

A boy with a quiet disposition. Cooperated well in tests. Should put on more weight in service. Intelligence good.

Part 2 Cont'd.

13. Reflexes n
14. Heart n
15. Lungs n
16. Blood Pressure S. D. 116/68
17. Colour Vision normal Ish

Date Jan 5, 1943

F/L Spinelli
President

Member

S. A. Hobbs Flt. Lt.
Member

J. Burns

CABLES:
"VICKERS MONTREAL"

TELEPHONE:
CLAIRVAL 7711

CANADIAN VICKERS LIMITED

P.O.BOX 550 PLACE D'ARMES STATION
MONTREAL

REFERENCE NUMBER

Personnel Record

OFFICE & WORKS:
NOTRE-DAME ST. EAST

January 4, 1943

Recruiting Officer,
R. C. A. F.,
Bishop & St. Catherine Sts.,
Montreal

Dear Sir:

We understand that Frank Allen Aspinall of 5025A St. Catherine St. E., Montreal, has applied to you for entry into the R. C. A. F.

Mr. Aspinall has been employed by this Company since June 26, 1941 in the capacity of a machine operator, he also spent some nine months in our Tool Room. We are pleased to state that we have found him to be an intelligent youth and one who performs his duties with diligence and accuracy. We feel that we can confidently recommend him to the Service and trust that he will be given your every consideration.

Yours very truly,

For CANADIAN VICKERS LIMITED

R. K. Thoman

R. K. Thoman,
Supt.- Industrial Department

PTW/JM