R224258
OAKES
GEORGE WALSH

R0224258 OAKES GEORGE W — LAC6

1 NUMBER — NAME — 29 RANK

SERVICE AWARD CARD

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

PREFIX — NUMBER — NAME — RANK — CODE

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
	9/170					31/10/49								APPLICATION DISPATCHED
										171572				RIBBON ISSUED
														MEDAL ISSUED

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Elizabeth Oakes (Widow)
35-5-8 Hutchinson St., apt. 202,
Montreal,
Que.

aug.-45.

MEMORIAL BAR
DATE DESP.....
REGN. NO 709

GEORGE W.OAKES, R-224258

MRS.ELIZABETH OAKES, 604,090

3558 HUTCHISON,APT.202,
MONTREAL,P.Q.

NAME OAKES, George Walsh FILE NO. R224258

RANK L.A.C. CATEGORY "KILLED" REG. NO. R224258

DATE OF DEATH: 5 June. /45 MOTHER LIVING: YES WIFE: YES

MINISTERIAL CARD: 16-6-45 ROYAL MESSAGE:

AUG 24 1945

MEMORIAL CROSS TO CHAPLAIN:

DEL'D TO MOTHER:

AUG 25 1945

DEL'D TO WIFE:

To Wife-

Mrs. G. W. Oakes,
3558 Hutchinson Street, Apt.202,
Montreal, Quebec.

Mother,
Mrs. G.E. Oakes,
457 Roy St., E.,
Montreal, Quebec.

COMMAND:

RELIGION:

MB.

AIR FORCE No. R.224258

SURNAME: OAKES, FULL CHRISTIAN NAMES: GEORGES WALSH

ENLISTMENT PLACE Montreal P.Q. DATE 18-3-43

RE-ENLISTMENT

R.C.A.F. R-44B (REVISED) 25M-10-42 (2834) H. Q. 885-R44B

RECORD OF SERVICE AIRMEN

13

POSTING (INDICATE S.O.S. OR T.O.S) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O
T.O.S.	13 R/c Montreal 23-4A-013	18 3 43	Mtl R/C 27
S.O.S.	13 R/c Montreal	13 4 43	Mtl R/C 35
T.O.S	3 T.C.H. Montreal Que.	14 4 43	3TC79
S.O.S	3 TC Montreal	7 8 43	3TC162
T.O.S	5 M.D. Lachine	8 8 43	5MD190
S.O.S	5 M.D. Lachine	16 9 43	5MD222
T.O.S	R.C.A.F. St Thomas	17 8 43	TS226
S.O.S	TS St Thomas	9 12 43	TS297
T.O.S	2 S.F.T.S. Uplands	10 12 43	2SF298
S.O.S	2 S.F.T.S. Uplands	11 11 44	2SF273
T.O.S	12 E.D. Montreal	11 11 44	12ED271
Killed - 5 June 45. DCL 1042		d/7 June 45.	
S.O.S	RCAF (SR)	5 6 45	12ED133
Died at Montreal		5 6 45	12ED133

POSTING (INDICATE S.O.S. OR T.O.S) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S	UNIT AND PLACE	EFFECTIVE	D.R.O.

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE

	FROM	TO	D.R.O.

LEAVE-TRANSPORTATION WARRANT

E3

FROM	TO	DAYS	REMARKS (TYPE)	D.R.O.	T.W.D.R.O.
19-3-43	13-4-43		R.W.P.	Mtl R/C 27	
17-1-44	28-1-44	14	Ann.	25714	
17-1-44	30-1-44	14	"	25731	
17-4-44	23-4-44	7	Ann	25F.92.	
19-3-45	25-3-45	7	Annual	12ED62	

TYPE OF SERVICE AIRCRAFT QUALIFIED TO FLY

TYPE	D.R.O.

FLYING TIME

DATE	SINGLE ENGINE DAY	SINGLE ENGINE NIGHT	MULTI-ENGINED DAY	MULTI-ENGINED NIGHT	CREW DUTIES OBSERVER	CREW DUTIES GUNNER	CREW DUTIES OTHER	PASS.	TOTAL

wsg COMPLETED 5 7 45

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

AIR FORCE No. R.224258 | OAKES, GEORGES WALSH
SURNAME | FULL CHRISTIAN NAMES

ENLISTMENT
PLACE Montreal P2
DATE 18-3-43

RE-ENLISTMENT

RECORD OF SERVICE AIRMEN

BIRTH: DATE 12-8-20 PLACE Montreal P2 CITIZENSHIP Br. 2
FATHER (FULL NAME) George Edwin Oakes
BIRTHPLACE Montreal P2
MOTHER (FULL MAIDEN NAME) Edith Maud Walsh
BIRTHPLACE Montreal P2

EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE X P.2
JUNIOR MATRICULATION X
SENIOR MATRICULATION
TECHNICAL SCHOOL 1 yr Electricity (not completed)
UNIVERSITY
CORRESPONDENCE COURSES
OTHER WETP. A.F.M. 6

CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Shipper & Buyer (Lewis Bros. Ltd) 1938-1941
Buyer (Fairchild's Aircraft) 1941-1943
6470

PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
6th DCRCH — Trooper — 1940-1943
6

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
C.V.S.M & Ribbon with maple leaf	2SF227	18-9-44

FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO — DUAL — PASSENGER —

RELIGION C of E. 3

LANGUAGES Eng & French 3

SPORTS Baseball Hockey Bowling (ext) Sking
Swimming Golf Tennis (m)
Truck Driver 3rd Class Army St John's 1st aid cert.
Driver mechanic Cr Built model aeroplanes
flying models Won prizes as rifle shot

PERMANENT HOME ADDRESS PRIOR TO ENLISTMENT
12 Oldfield Ave. Apt. 17 Montreal P.2
22302

SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED Married
WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER ENLISTMENT)
2

MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

CHILDREN

CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DATE	D.R.O.
George Stephen	5-6-43	3T.C.143			
Ross Brian	9-5-44	2SF148			

NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)
FULL NAME: Mrs. Elizabeth Oakes RELATIONSHIP wife
ADDRESS 3558 Hutchison St D.R.O. TTS 234
FULL NAME: Apt 202. Montreal Que RELATIONSHIP 2SF 306
ADDRESS D.R.O. 12ED108

PERSON TO BE NOTIFIED IN CASE OF CASUALTY
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.

ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur.	18 3 43				

PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES, ETC.	EFFECTIVE	D.R.O.	RATE CHANGES, ETC.	EFFECTIVE	D.R.O.
1 day's pay 1 days alte	18 3 43	Mtl R C 27			

RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D.R.O.
AC2 8	18 3 43	Mtl R.C. 27
AC1	10 12 43	2SF 306
LAC	10 3 44	2SF62

TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
AFM (WETP)	S.	18 3 43	Mtl R.C. 27
A-05-8			
AFM.	C	8 12 43	TTS 295
AFM	B	8 3 44	2SF62
AF.M.	A	1 7	
AFM	A	1 7 44	2SF-158
~~AFM~~			

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

MEDICAL HISTORY
EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGED RET'N DUTY	D.R.O.
18-3-43	R100	A4B	

COURSES-TESTS, ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Qual. U	F.M.B	8 3 44	TTS295
Qual A	F.M.A	1 7 44	2SF113

DOCUMENT CONTROL

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	O.H.F.	~~XX~~
	29343						

AIR FORCE No. R-224258

Oakes
SURNAME

George Walsh
FULL CHRISTIAN NAME

ENLISTMENT/~~APPOINTMENT~~
PLACE Montreal, PQ.
DATE 18-3-43

RELIGION
C of E.
R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
19-3-43	13-4-43	25	OLWP	M10128
24 Dec/43	28 Dec/43	5	Xmas	DRO304
17-4-44	23-4-44	7	Annual	DRO92
22-12-44	28-12-44	5	Christmas	DRO307
19-3-45	25-3-45	7	Annual	DRO65

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

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
18 9 44	C.T.S.M	DRO227.

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#13 Rec C Mtl.	#13 Rec C Mtl.	18 3 43	DRO#
T.O.S.	#13 R.C.	#3 TCHQ		
	Mtl.	Mtl.	14 4 43	DRO 79/43
S.O.S.	3 TCHQ	5 M.D.		
	Mtl.	Lachine	7 8 43	DRO 161/43
T.O.S	No. 5 M D		8 8 43	" 190/43
SOS	5 M D	T.T.S.	16 9 43	222/43
TOS	"	"	17 Sept 43	DRO 226
✓	I.I.S. St Thomas	No 2 SFTS Uplands	9 Dec 43	DRO 297
TOS	T.T.S.	#2 SFTS	10 12 43	DRO 298
SOS	#2 SFTS	#12 E.D.	11 11 44	DRO 273.
T.O.S.	#2 SFTS Uplands	#12 E.D.	11 11 44	DRO 271
T.D. to R.C.A.F. St-St-Hubert			28 3 45	DRO 74
T.D. to St-Hubert & St-Helens Island			12 4 45	DRO 102
Returned from T.D.			17 4 45	DRO 102
S.O.S.	of the R.C.A.F. (SR) (decease)		5 6 45	DRO 133

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Detail to live out & draw Rat All 27 Sept 43	DRO 234
Ent. to Rat. Allow under Art	DRO304
199(4) F.R.#1. 24 Dec - 28 Dec/43	
Ent to Flying Pay - 21-2-44	" 50
" " " " 28-Mch-44	" 80
" " " " 11/4/44	" 99
" " " " 2/5/44	" 117.
" " " " 22/5/44	" 133.
Born 9/May/44, Son, Ross	
Brian, at Montreal Que.	DRO148.
Ent Flying Pay 19, 20-6-44(2)	" 155
Granted 5 days R/A 22 to 28 Dec	" 307
" 7 " " 19 Mar to 25 Mar.	DRO 62
Died at Montreal Cash	
Que, on the 5th June 45	DRO 133

AIR FORCE No. R-224258

Killed

Oakes
SURNAME

R.C.A.F. Special Reserve

Georges Walsh
FULL CHRISTIAN NAME

ENLISTMENT/~~APPOINTMENT~~
PLACE Montreal, P.Q.
DATE 18-3-43

RELIGION C of C

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
12-8-20	Montreal, P.Q.	Canada	Canadian	Canadian

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION Grade XI.
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL x Electricity	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN English & French

CIVIL OCCUPATIONS AND EXPERIENCE

Shipper and Buyer 1938 - 1941
Buyer 1941-1943.

PREVIOUS SERVICE

6th D.R.C.C.H. - 0400871 - Mtl - April 1940 - 1943
(Reserve Army)

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
Montreal P.Q. 16-2-43	A4B		

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)

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED Married
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
Ross Brian	Montreal Que. 9-5-44.		

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
(Rc) Mrs. Elizabeth Oakes (Wife) (MA7288)
6773 5558 Hutchison St apt. 202
Montreal. Que.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO
Mother-in-law Mrs Cornell Cr 6516			Mother - Mrs Oakes 457 Roy St		

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	18 3 43		AFM(WETP)	18 3 43	
AC1	10 12 43	DRO306	AFM(T.T.S.)	6 8 43	DRO161/43
LAC	8 Mar 44	" 62	AFM "A" Qual.	1 7 44	DRO113
			AFM "A"	1 7 44	DRO058

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
AFM (WETP)	S		P	
AFM (WETP) Course				
University of Montreal	S		P	6 8 43
DRO 295 AFM	C	–	P	8 Dec 43
DRO 295 Qualified for Automatic Remuster				
AFM	B	–	–	8 Mar 44
DRO 113. AFM "A"	A	–	P.	1 7 44

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. George Walsh Oakes,
3558 Hutchinson St. Apt. 202,
Montreal, Quebec.

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. R.224258 FD 154

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 21 1945

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

OAKES, George Walsh, LAC R.224258

R.C.A.F.

ESTATES BRANCH JUL 3 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

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

Director of Estates.

MG/HO

M.F.W. 77
16M-10-44 (5854)
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.....		Elizabeth Cornell	24	3558 Lytellton St apt. 202.
			George Stephen	2	3558 Lytellton St apt. 202.
2	Children of the Deceased and dates of their Births.....		Ross Brian	1	3558 Lytellton St apt. 202.
3	Father of the Deceased.....		George Edwin Oakes	59	457 Roy St. East.
4	Mother of the Deceased.....		Edith Maude Wake	49	457 Roy St. East
5	Brothers of the Deceased	Full Blood	Stanley Edwin Oakes	22	457 Roy St. East
			Owen Lorne Oakes	20	457 Roy St. East
		Half Blood	No		
6	Sisters of the Deceased	Full Blood	No		
		Half Blood	no		
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) no		Address of their children
			no.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	George Walsh Oakes
9	Date of his birth.	Aug. 12th., 1920
10	Place and date of his marriage.	Montreal, Sept. 14th., 1942
11	Place and date of his parents' marriage.	Montreal, Aug. 21st., 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Quebec.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Montreal —
14	Nature of employment before enlistment.	Buyer, Fairchild Aircraft
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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes - 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?	No.
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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

*Widow 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. Elizabeth Oakes } Signature of Informant

3258 Hutchison St. - apt. 202 Address

CERTIFICATE

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

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

Dated at MONTREAL this 29TH day of JUNE 19 45

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

Rev Richard E. King Qualification Priest

Address 3980 St. Denis St, Montreal

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

AIR FORCE No. R-224258 POSTED TO No 13 Recruiting Centre Mtl P.Q. TRADE A.F.M. (W.E.T.P.)

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 OAKES FULL Christian Names GEORGE WALSH
2. Present Address 12 Oldfield Ave. Apt. 17 Montreal P.Q. Telephone WE 2955
3. Permanent Address 12 Oldfield Ave. Apt. 17 Montreal P.Q.
4. Place of Birth Montreal, Que. Citizenship Canadian
5. Date of Birth Aug. 12th 1920 Married, Single, Widower, Separated, Divorced Married
6. Particulars of Children

Name	Date of birth	Name	Date of birth
None			

7. Occupation Buyer 8. Religion Church of England (State denomination)
9. Languages English & French (State proficiency)
10. Next of Kin (Full Name) Mrs. Elisabeth Oakes Relationship Wife
" Address 12 Old Oldfield Ave. Apt. 17 Montreal P.Q.
11. Father (Full Name) George Edwin Oakes Birthplace Montreal P.Q.
" Address 457 Roy St. East Montreal P.Q. Citizenship Canadian
" Occupation Insurance Agent
12. Mother (Full Maiden Name) Edith Maud Walsh Birthplace Canada (MONTREAL)
" Address 457 Roy St. East Montreal P.Q. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
6th D.C.R.C.H. D400871	Montreal	Trooper	April 1940	Still	on Strength	

R.C.A.F. Records Office Rec'd. MAR 24 1943 O.K. C.I.B. N.I. S.L. If so, where? PA Montreal

14. Honours, Awards, Mentions N.A.
15. Are you now on any Naval, Military or Air Force Reserve? Military Reserve
16. Have you previously made application to join the R.C.A.F.? Yes If so, where? Montreal
When? May 1940 Result Turned down because of weight.
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? Yes
If so, state nature of Disability Cut tendon in second finger left hand
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

618-144

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Aberdeen Public School Montreal P.Q.	1926	1933	Completed Grade 7
High School—Collegiate Institute, etc.	Montreal High School	1933	1937	Latin Course
Technical School	Commercial Tech. School			
University or School other than above	Montreal P.Q.	1937	1938	Electricity,didn't complete course
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Lewis Bros. Ltd. Montreal P.Q.	Shipper & Buyer	1938	1941	Better Position
Fairchild Aircraft Longueuil P.Q.	Buyer	1941	Still	Employed

23. Flying Experience (in Hours) Solo No Dual No Passenger No

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Has 3rd Class Standing Orders with the Army as truck driver. Has passed driver mechanic course. Has first aid certificate in St. John's Ambulance Course. Has won prizes as a rifle shot. Has handled rifle,shotgun pistol and machine guns.Built model aeroplanes,flying models,for two years. Enjoy reading fiction.

25. Sports engaged in. State: extensively, moderately, occasionally baseball hockey bowling (extensively Skiing swimming,golf,tennis,(moderately)

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 A.F.M. ~~W.A.T.P.~~ ~~W.A.T.M.~~
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. R.J.Clatworthy	2412 des Erables Montreal P.Q.	X Buyer Fairchild Aircraft
Mr. M. Padcel	c/o PascellHardware 301 Craig St. Montreal P.Q.	Manager
Mr. Roger De Serres	c/o Omer De Serres St. Catherine E. Montreal P.Q.	General Manager
Mr. O.E Marchant	X 4759 Coolbrook St. Montreal P.Q.	Salesman for Lewis Bros

28. Other information that may have any bearing on this application

Would like to find out what qualifications are required to become a buyer in the R.C.A.F.

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 February 8th 1943 Signature Gw Bates

MB

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. 32 / Chambly Rouville
107 8/2/43

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer*—

Type Average General appearance good Interviewed 18-3-43. Archer Fitter Gp.

Suitability for (state in what capacity) Air Frame Mechanic W.E.T.

Date March 18th 1943, Signature Archer Fitter Rank Gp/C.

(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, Georges Walsh Oakes 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 18th March 1943 Geo Oakes
Signature of Recruit

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

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

Date 18th March 1943 Geo Oakes
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 18th day of March 1943

Signature of Officer Rank No 13 Recruiting Centre Mtl P.Q.
Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 22 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..... yes often since scarlet fever
(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..... yes

3. Have you ever worn glasses?..... yes

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.

G W Oakes
Signature of Applicant

Examiner's Remarks *re* above..... scarlet fever complicated by otitis

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

1. Identification marks or scars (if operative obtain history)..... vacc. mark to lt arm
Scar to lt knee + lt thumb

2. Height 5 feet 10 inches. 3. Weight 128 pounds.

4. Complexion fair 5. Color of Eyes blue Hair blond

6. Development ~~Good~~ Fair ~~Poor~~ 7. Chest Measurement—Full expiration 33 inches
Range of expansion 2 inches

8. Hearing—Right ac 20 Left ac 20 Tympana—Right perforation healed Left ✓

9. Vision—Without glasses—Right 20/20 With glasses—Right N.G.
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..... rt drum perforated but scar well healed + dry

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 A 4 B

17-2-43 X Ray 172.840 neg Sgl.

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

MEDICAL RECHECK

I certify upon my honor that I have suffered no illness or disability since my last medical examination for the RCAF.

G W Oakes
(Signature)

Date 18 mar 43 Feb 16 1943

RC Chaboureau Lac 5/6
(Witness)

Part 2 Cont'.

13. Reflexes ✓
14. Heart ✓
15. Lungs ✓
16. Blood Pressure. S. D. 120/70
17. Colour Vision ✓ (isih)

L. A. Hayfield F/L
Member

Member

MBB

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full OAKES GEORGE WALSH (b) Reg'l. No. R-224258
2. (a) Arm of service R.C.A.F. (b) Unit "S" M" DEPT. (c) Rank AC 2
3. (a) Date of birth 1920 (b) Have you any dependents? YES (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL (b) Date of enlistment MARCH 15/43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) JUNIOR MATRICULATION
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH & FRENCH (b) What languages do you read well? ENGLISH & FRENCH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10(a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes," state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No," state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10(a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer FAIRCHILD AIRCRAFT LTD Address LONGUEUIL QUE
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) AIRCRAFT MANUFACTURERS
20. (a) Your specific occupation BUYER. (b) Number of years' experience at this occupation with any employer 2½ YEARS
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

R.C.A.F. Records Off
Rec'd AUG 18 1943
O. K
B. C

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) NONE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form AIRCRAFT - CLERICAL OR MECHANICAL

DATE August 9 1943 SIGNATURE G. W. Oakes

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

H1044 4
44281 AIR

DECEASED MEMBER'S NAME: George W. (CHRISTIAN NAMES) Oakes (SURNAME)

REGISTER NO.

PAYEE: Mrs. Elizabeth Oakes,
ADDRESS: 3558 Hutchison St., Montreal, Que.

FILE NO. 21729
DATE 27 Jul/45
SERVICE NO. R.224258
FINAL RANK OR RATING LAC
DATE OF TERMINATION OF OVERSEAS SERVICE N.A.
DATE OF DISCHARGE 5 June/45

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 785/30 EQUAL TO 26 COMPLETE PERIODS AT $7.50	195.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25C. PER DAY	
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

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

AUG 4 1945 C.I.B. M.I. P.A.

D. WAR SERVICE GRATUITY		195.00
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		195.00

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 63.12 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 63.12 OF $ 195.00 =$ 195.00

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
AMS	JFM

TREASURY
CHECKED BY [signature] DATE 31-7-45

[signature]
SERVICE REPRESENTATIVE

△T

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R224258 RANK LAC UNIT 12 M E.D MONTREAL. QUE.

TRADE AFM

NAME OAKES, GEORGE WALSH

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

PRESENT MARITAL STATUS MARRIED RELIGION C. OF E. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS GEORGE WALSH OAKES

RELATIONSHIP WIFE

ADDRESS 3556 HUTCHINSON ST. APT. 202, MONTREAL. QUE.

ESTATES BRANCH 15 1945 D. O. OTTAWA NATIONAL DEFENCE

FATHER'S NAME

ADDRESS MR & MRS GEORGE EDWIN OAKES LIVING ON ENLISTMENT YES

MOTHER'S NAME 457 ROY ST. E.

ADDRESS MONTREAL. QUE. LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 12 OLDFIELD AVE. APT 17. MONTREAL. QUE. MARITAL STATUS AT TIME OF ENLISTMENT MARRIED

OCCUPATION BUYER

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.

12 M.EK E.D.----------M58------d-5-JUNE-45

"KILLED" 5-JUNE-45 AS A RESULT OF A N ACCIDENT (COLLIDED WITH INTERNATIONAL MT VEHICLE WITH TRAINE)

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

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

DATE 13-JUNE-45

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

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

74256

K.P. 85256
FORM F

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

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

1. PLACE OF DEATH
Municipal county: Montreal- East
Official name of civil municipality or township:
Street: Marien Ave. at the crossing of the C.N.R. No.
Hospital or Institution:
Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

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: OAKES (Block letters)
Given names: GEORGE WALSH

4. RESIDENCE
Street: Hutchison - - - - - No. 3558
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	CAND	ENGLISH	MARRIED

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

10. BIRTHPLACE (Province or Country): Montréal

11. DATE OF BIRTH: August (Month) 12th., (Day) 1920 (Year)

12. AGE OF DECEASED: Years 24 — Months — Days — If less than one day old ... hrs. or ... min.

OCCUPATION
13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: R.C.A.F. Aviator
14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: L.A.C. No.224258
15. Date deceased last worked at this occupation.
16. Total years spent in this occupation.

17. NAME		18. BIRTHPLACE (Province or Country)
FATHER	Geo. Edwin Oakes	P.Q.
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 ... (Month) ... (Day) ... 19... (Year)

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.
Je permets l'inhumation
I permit the burial
Name of Undertaker (For cities only)

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.
QUADRUPLICATE

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 5 th., (Day) /1945 19... (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) Cerebral haemorrhage
due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) Trauma of head and face -
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? Yes

27. If death was due to external causes (violence) fill in also the following:—
Accident, ~~suicide or homicide~~ Accident (State which) Date June 5/45 19...
Manner of injury Aviator in R.C.A.F. truck in collision with C.N.R. train (How sustained)
Nature of injury as above
Specify whether injury occurred in **industry, in home, or in public place** public

(Signed) J.M.Roussel - - - - - - - - - M.D.
Address 443 St-Vincent st. Date June 7/ 45 19...

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)

Read this whole Form and instructions on other side before commencing to com[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, George Walsh Oakes- of the City / Town / Village / Township of Montreal in the County of / District Province of Quebec Buyer (Civil Occupation)

a member of the Royal Canadian Air Force, Number R-224258 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) Wife
(b) Elizabeth Oakes.
(c) c/o Mr. G. E. Oakes 457 Roy St. E Montreal.
(d) ~~457~~ 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 Mr. George E. Oakes- (Name) 457 Roy St. E. Montreal. (Address)

to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this Ninth day of August 19 43.

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.

G.W. Oakes.
(Signature of Testator)

First Witness sign here.

(5) [signature]
(Signature)

c/o 10 Maracher Ave Apt 3. Dartmouth, N.S.
(Permanent Home Address)

R.C.A.F.
(Occupation)

Second Witness sign here.

[signature]
(Signature)

4842 Harvard Ave.,
(Permanent Home Address)

R. C. A. F.
(Occupation)

R.C.A.F. Records Office
Rec'd AUG 18 1943
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

(OVER)

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

MARRIED OR SINGLE Married

APPOINTED OR ENLISTED
AT Montreal, P.Q. ON 14-4-43

RECORD OF PAY

BANKING ARRANGEMENTS.....

NET RATE OF
DEFERRED PAY $.....

No. R224269 NAME IN FULL CAKES, O.W.

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add Pay	Combined Rate	Pen. Ded.	Net Draw'g Rate of Pay	Casualties Affecting Rate of Pay
158	1-7-44	LAC	A		2	25	2 25			

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Mrs. Elizabeth Cakes	1-4-44	2500	2500
Mrs. Elizabeth Cakes	1-7-45	2500	NIL

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
1-5-45	Wife		
9-7-43	Son		
19-8-44	Son		

REMARKS

Date	Particulars of Entry	Debit	Credit	Balance
	Brought Forward			NIL
1945 1st June	30 X 2.25		67 50	67 50
	A. P.	25 00		42 50
	Z 2 - 5		1 24	43 74
	S.C.S. RCAF (Deceased) eff. June 5/45			
	DRC 133			
	Balance Forty-Three - 74/100 Dollars Credit.			
	J.A. Bergeron, F/L., No. 12 E.D, Montreal, P.Q.			
	J.A. Bergeron			

Carried Forward

Date	Particulars of Entry	Debit	Credit	Balance
	Brought Forward			

43.74 E.E.A.S.

Certified Copy

J.A. Bergeron
(J.A. Bergeron) F/L.,
Accountant Officer,
No. 12 Equipment Depot,
Montreal, P.Q.

Carried Forward

Date	Particulars	Debit	Credit	Balance
	Brought Forward			

Exhibit "D"

Carried Forward

R.C.A.F. A28B
300M—9-43 (3367-3483)
H.Q. 685-A28B

Exhibit "A"

R.224258 - LAC. OAKES, G.W. - LIST OF PERSONAL EFFECTS

Sent by Canadian National Express
June 14th, 1945.

1 bag	Washers and Screws
1 jar	Vaseline
2 bars	Soap
1 box	Handi-Tape
1 pr.	Bedroom Slippers
1	Bath Towel
1	Face Cloth
1	New Testament
1 pr.	Lumberjack Socks
9	Handkerchiefs
1 pr.	Pajamas
1 set	Combinations - Winter Underwear
1	Hair Brush and Comb
1	Clamp - Carpenters
1 box	Screws
1	Photo
12	Metal Pipe Bases
1	Metal Socket
1 pk.	Envelopes
1	Leather Punch
1	Padlock
1	Kit Bag Clamp
1	Screw Driver
1	Carpenters Rule
1 box	Shoe Polish
1	Soap Box
1	Tooth Brush & Holder
1 pr.	Scissors
1 Box	Finishing Nails
1 roll	Adhesive Tape
1	Ratchet Screwdriver
1 roll	Tin Foil
1	Greeting Card
1	Address Book
1	Comb
1	Ash Tray
1	Sweater, Blue

Sent by Registered Mail June 12, 1945.

1	Pocket Book
1	Eversharp Pencil
1	Fountain Pen
1	Key Ring with 9 Keys
1	Wrist Watch
1	R.C.A.F. Identification Card

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R.224258	LEADING AIRCRAFTSMAN	OAKES,	GEORGE WALSH

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
No. 12 EQUIPMENT DEPOT, R.C.A.F.	8th JUNE, 1948	(R224258)	CHURCH OF ENGLAND

9. CIRCUMSTANCES OF CASUALTY

The deceased had been ordered to report to Pratt & Whitney of Canada to identify parts. L.A.C. Oakes was riding south on Marien Street in the rear of a panel truck on an authorized run when the truck was struck by a C.N.R. freight engine. The coroner reports accidental death.

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mrs. G.W. Oakes (Wife),
3558 Hutchinson Street, Apt. 202,
Montreal, P.Q.

11. LOCATION OF UNIT AT TIME OF CASUALTY

No. 12 Equipment Depot, R.C.A.F., 290 Marien Street, Montreal East, 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 Cemetary Business address: 1207 Drummond St., Montreal, P.Q.	Mount Royal, Montreal, P.Q.	Grave Section N - 9 Plot 354 Row	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
Yes.		Will be supplied to next of kin.

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET

Airman's Widow Gets Pension, Too

Chief Justice J. P. Thorson ruled yesterday that Mrs. Elizabeth Cornell Oakes is entitled to the full pension of $7,470 awarded her for the wartime death of her husband despite $30,000 damages she received from the Exchequer Court of Canada.

The court decision is the last of its kind possible in Canada because of a 1952 pension law amendment stating that no person may receive both a pension through the Canadian Pension Commission and damages from a court.

Mrs. Oakes' husband, G. Walsh Oakes, member of the RCAF, was killed in Montreal while riding in a military vehicle. An RCAF employee, driver of the vehicle was held responsible for the accident.

R.C.A.F. R.78A
25M-10-44
H.Q.885-R-78A

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.....OAKES.....George Walsh.....
(surname) (christian names in full)

RANK..L.A.C.....NUMBER R242.58...UNIT TO.12.E.RPO.AGE..24...TRADE..A.F.M.....

DATE OF ACCIDENT AND TIME OF DAY. 5 June, 1945 about 1400 hrs. PLACE OF ACCIDENT. C.N.R. Crossing at Marien St. Montreal East, P.Q.
(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).

While riding in a truck, truck was hit by train and man was killed instantly.

N.B. – *See Instruction 4 before completing the following section.*

3. (a) Type and R.C.A.F. No. of aircraft.....

(b) Name of pilot of aircraft (at time of crash).....

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

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

collision in air.....collision on ground.....other (specify).....

(e) Weather.....

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

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

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

4. (a) Description of injuries (in detail):....Cerebral haemorrhage. Trauma of head and face

.....

(b) Are the injuries of such a nature that they *might* be the exciting cause of disability later?.....Sudden death.....

(c) How long before initial treatment was given?.....Man pronounced dead immediately.....

(d) Whether admitted to hospital or sick in quarters.....No.....
(give name of hospital)

JUN 21 1945
C.A.M.C. G.I.S.
R.C.....N.I.....

DATE....5th June, 1945..... Signature of Medical Officer.....Leland Stong Sq/L

10

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 approved by proper Air Force authority?.....

No.

.....

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

NOTE:- If the answers to (a) (i), (ii) and (iii) are all in the negative, the Commanding Officer is to attach a concise statement of the circumstances surrounding the accident or injury.

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., supervised and under whose authority?.....N.A.....

.....

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

(iii) Was the officer or airman detailed to take part in it (a) as a member of an air force team,

or (b) to compete as an individual?.....N.A.....

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

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

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

authority?.....N.A.....

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

.....

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

decided by the Canadian Pension Commission.....N.A.....

.....

.....

N.B. - See Instruction 12 before completing the following section.

(d) Was the injury due to his own fault, i.e.,did it arise from negligence, wilful disobedience of

orders, misconduct, or any blameworthy cause within his own control?....See answer 5(f) (1).....

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

.....

(e) Was anyone else to blame? If so, give name and particulars.....See answer 5 (f) (1).....

.....

.....

(f) Is the accident being investigated by
(i) Court of inquiry? If so, state date and place.....Yes - 6th June, 1945, at No. 12.....
.....Equipment Depot, Montreal East, P.Q. - S/L H.D. Barclay, President.....

(ii) An investigating officer?.....No.....

SIGNATURE.....C.B. Guest.....

DATE.....13th June, 1945.....

COMMANDING.....(C.B. Guest) W/C C.O. No. 12 E.D.

INSTRUCTIONS

1. This form is to be rendered as soon as possible after the event in the following cases depending on the personnel involved:

(a) For all R.C.A.F. Personnel.

In all cases of accidental or self-inflicted injuries involving:

(i) death;

(ii) absence from duty of 48 hours, or more;

(iii) 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

(iv) in all flying accidents which result in the flying category of an individual being changed, or in which any injury is suffered by personnel who are occupants of an aircraft, or who have jumped or fallen from a moving aircraft or who are struck by a moving aircraft or propeller.

(b) For R.A.F., R.A.A.F., R.N.Z.A.F., R.N., R.C.N., C.A., R.N.A.F. or other Service Personnel.

In all cases of accidental or self-inflicted injuries involving:

(i) death;

(ii) absence from duty of 48 hours, or more; or

(iii) 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.

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 is only to be answered in cases of flying accidents described in Instruction 1 (a) (iv) above.

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) 718 or 723. 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 supervised games, or other form of physical recreation, 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 a supervised game, or other form of physical recreation, 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) 718 and 723 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 A.F.A.O. A.8/1.

12. Section 5(d) and (e) should be answered in all cases where no further investigation is being ordered, but in cases where further investigation is to be carried out, either by court of inquiry or investigating officer, in order to establish blame, a notation to that effect should be recorded as the answer to this question.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

Appendix "A"
M.10/28

AGREEMENT

Personnel Granted Leave Without Pay
Direct Entry Airmen and Airwomen

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

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

(b) That if during the period of such leave, I should sustain any injury or illness whatever I shall immediately notify the Recruiting Centre at which I was enlisted.

(c) That if such injury or illness should result in my becoming physically or mentally unfit, I will not be entitled to be paid any disability pension by the Crown by reason of such injury or illness.

(d) That until I report to "M" Depot or other R.C.A.F. Unit I will not be entitled to any issue of uniform or equipment.

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

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

(g) That if I marry during the period of my leave, dependents' allowance will not be payable until my completion of six months' service for which pay is admissable. (NOTE: THIS CLAUSE NOT APPLICABLE TO AIRWOMEN.)

Andre Riviere sgt
(Witness)

G.W. Oakes
(Signature of Recruit)

Montreal, P.Q.
(Place)

16th March 1943
(Date)

R.C.A.F. Special Reserve

APPENDIX "A"
M.10/28

LEAVE OR PASS FORM

Date 18th March 1943.....

No R-224258.....Rank AC. 2.....Name Oakes. G. W.....

was enlisted in the Royal Canadian Air Force on the 18th day of March 1943 and has been granted leave of absence without pay from the 19th day of March 1943 until the 13th day of April 1943, inclusive and ordered to report. Cartierville Aircraft School Cartierville P.Q.....

8.15 A.M. 14-4-43 ..beginning the journey to the specified destination on the day immediately following expiration of leave or as soon thereafter as transportation facilities permit (but in no instance before midnight on the last day of leave.) (NOTE: If contrary to these instructions the journey is begun prior to midnight of the last day of leave as stipulated above it will be done entirely at the recruit's own risk in the event of injury, loss or damage, and pay and allowance will not begin until the day following the expiration of leave.)

G.W. Oakes. (Signature of Recruit)

(Signature of Attesting Officer)

If unable to report before 3 P.M. on day following expiration of leave, this centre is to be advised immediately.

A.F.M. 23 (a)

Dec. 2, 1942