R56174
BUMSTEAD
CHARLES HAROL

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BUMSTEAD Charles Harold

Montreal 18/4/40

R0056174 BUMSTEAD CHARLES H W02

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

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

	39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	AFM SERVICE MEDAL	C.V.S.M.
AWARD	1			1						1	1
AWARD AND CLASP											1
APPLICATION DISPATCHED											
RIBBON ISSUED						30040					
MEDAL ISSUED											

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Emily E. Bumstead (mother)
Apt. 8,
1180 MacKay St.,
Montreal 25.
Que.

~~June 45.~~
21-1-50

0-5/11/42

9766

MEMORIAL BAR
DATE DESP.....
REGN. NO 3101

R-56174

BERTIE N.BUMSTEAD AND
EMILY E.BUMSTEAD, 681,496

1180 MAC KAY ST.,APT.8,
MONTREAL 25,P.Q.

10M—3-40 (4425)
H.Q. 1772-45-8

MINISTERIAL CARD ROYAL MESSAGE MEMORIAL CROSS

H.Q. FILE NO. 1022-B-4056

NAME BUMSTEAD, Charles Harold

REGT'L NO. R56174

RANK Sgt. W.O.A.G. UNIT OVERSEAS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY		CAS. LIST NO.	CAS. LIST DATE
	DATE OF DEATH 20-12-41	~~IS MOTHER~~ LIVING? YES	IS WIFE LIVING? NA		13-1-42
	MINISTERIAL CARD SENT: 20-1-42	ROYAL MESSAGE SENT: 28-2-42	MEMORIAL CROSS SENT: 30-1-42		
	To the mother.	To be sent from Overseas.	To the mother.		

Mother- Mrs. Bert Novello Bumstead,
small k 1180 MacKay Street,
Apartment 8,
Montreal, P.Q.

R56174 TMO

CONFIDENTIAL

R.C.A.F. Special Reserve R.C.A.F. M.2
50M—12-39 (3211)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal *Date* April 30th/40

FILE NUMBER

Surname ~~Burnstead~~ Burns *Chr. Names* Charles Harold
Nature of Commission Air Gunner *Date of Birth* Oct. 14/14 *Married or Single* Single.
Branch Reserve List *Hours Flown* None.
Address 1180 McCaig St. Apt 8

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	NO
	Severe or "Sick" Headaches, Migraine	NO
	Fits or Convulsions of any kind	NO
	Sun or Heat Stroke	NO
	Head Injury or Concussion (including "knock-out")	NO
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	NO
(ii)	LUNG TROUBLE or Consumption	NO
	Bronchitis, Pneumonia or Pleurisy	NO
	Asthma or Hay Fever	NO
(iii)	HEART DISEASE, "Weak or Strained Heart"	NO
	Fainting Attacks or Giddiness	NO
	Rheumatism, Rheumatic Fever or "Growing Pains"	NO
	Frequent Sore Throats or Tonsillitis	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 Tonsillectomy at age of 3	
(x)	Any Illness or Injury not mentioned above	No

Education 3rd High Junior Matriculation
Present Occupation Statistician Hobbies Stamps - sailing hunting.
Previous Service None.
Athletics Tennis, Skiing, Hockey.
Habits—Smoking 20 Cig. a day Alcohol moderately
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (....) Alive—Health (2) Dead—Cause Infancy,
Sisters (....) Alive—Health (1) Dead—Cause Childhood.

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 granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date April 30/40 *Signature* A. Burnstead *Witness* H. Guheneuk

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..Good.. *(b)* Mentality ..Good..
Body Marks, Scars, Deformities ..None..
Size of Thyroid Gland ..Normal..
Surgical Abnormalities ..None..
Results of Wounds, Injuries, Operations ..None..

	Date 30-4-40	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	67						
Weight (lbs.)	130						*Date*
Chest Circumference (ins.)	34						
Body Build (lbs.)	140						
Leg Length (ins.)							
Pulse Rate — Sitting	90		84				
Pulse Rate — Standing 1st	120		108				
Pulse Rate — Standing 2nd	108		96				
Pulse Rate — After Exercise	132		126				
Pulse Rate — Time to Normal	45		50				
Arterial Walls	N						
Blood Pressure — Systolic	140						
Blood Pressure — Diastolic	80						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	N						
Breath held	75						
Expiratory Force							
Vital Capacity (Best of 5)	220						
Reflexes — Knee	EX		N				*Date*
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	N						
Reflexes — Plantar	Flexor						
Cranial Nerves	N						
Balancing Rod	R. L. / S S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	~~M.C~~		No				
Tremors — Eyelids	No						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	Good						
Urine — Albumen	No						
Urine — Sugar	No						
Initials of M.O.							

40 mm. Hg. Test ..60 9½/9 108, 88 7, 7½ 7½ 7, 78 7.....
Date .....
Date .....
Date .....
Date .....

Remarks by Consultant.

EYE EXAMINATION

History	No eye injuries or diseases. No Glasses.		
Visual Acuity	R. 6/6 , $\bar{c}$ 2.25 = 6/60		
	L. 6/6 , $\bar{c}$ 2.25 = 6/60		
Colour Vision	N		
Red, Green	N		
Diaphragm Test (P.D. = 6.8)	2		
Convergence	C. = 4 cms.		
	S. C. = 5 cms.		
Accommodation	R. 10 D		
	L. 10 D		
Cover Test	N		
Fundi and Media	N		
Fields	N		
Remarks:			
	Initials of M.O [signature]	*Initials of M.O*	*Initials of M.O*
	Date 29/40	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History				
Hearing	R. Ear	W. V. 20		
	L. Ear	W. V. 20		
External Ear, Meatus Membranes	R. Ear	N		
	L. Ear	N		
Middle Ear, Eustachian Tubes	R. Ear	Patent		
	L. Ear	Patent		
Cochlear Apparatus	R. Ear	N		
	L. Ear	N		
Vestibular Apparatus	R. Ear	N		
	L. Ear	N		
Buccal Cavity		N		
Teeth		10 filled healthy		
Gums		N		
Pharynx		Tonsils Small healthy tags.		
Nasopharynx		N		
Nose		N		
Larynx		N		
Remarks:				
		Initials of M.O [signature]	*Initials of M.O*	*Initials of M.O*
		Date	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 30-4-40

Good type, low physical effeciency Index.

24/6/40. Rechecks improved
Cat A & B.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 30-4-40

Physical Effeciency Index 37
Category ~~A1B~~ A T B one month

R.C.A.F. Records Office
Rec'd JUL 12 1940
O. K. RL C.I.B.
R. C. ..... N. I. .....
S. L. ..... P. A. .....

R56-174

AIR FORCE NO. ..... POSTED TO R.C.A.F. Special Reserve Manning Depot, Toronto, Ont. TRADE Standard General Duties Air Crew.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Burnstead FULL Christian Names Charles Harold
2. Present Address 1180 Mackay St., apt #8 Mtl. Telephone Wi. 7680
3. Permanent Address do above
4. Place of Birth Montreal, Que. Citizenship Canadian
5. Date of Birth Oct 14, 1914 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children —

Name	Date of birth	Name	Date of birth

7. Occupation Statistician 8. Religion Protestant (C. of E.) (State denomination)
9. Languages English and French (fluent) (State proficiency)
10. Next of Kin (Full Name) — Relationship mother and father
    " Address —
11. Father (Full Name) Burnstead, Bert, novello. Birthplace England
    " Address 1180 Mackay St, apt 8 Citizenship Canadian
    " Occupation Accountant.
12. Mother (Full Maiden Name) Evans, Eva, Emily Birthplace Wales
    " Address 1180 Mackay St, apt 8 Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge

14. Honours, Awards, Mentions —
15. Are you now on any Naval, Military or Air Force Reserve? —
16. Have you previously made application to join the R.C.A.F.? — If so, where? —
    When? — Result —
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? no
    If so, state nature of disability —
18. Have you ever been or are you now in receipt of a Disability Pension? no
    If so, state nature of Disability —
19. Have you ever been convicted of an indictable offence? no If so state nature
20. Are you in debt? no If so, state particulars —

R.C.A.F. Records Office
Rec'd JUL 10 1940
O. K. ..... C.I.B. ...
R. C. ..... N. I. ...
S. L. ..... P. A. ...

R.C.A.F. Form R. 100
100M—2-40 (3924)
H.Q. 1062-3-83

1/3-6

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Valois School	1923		General
High School—Collegiate Institute, etc.	Cedar Park		1933	Subjects
Technical School				
University or School other than above	McGill	1934	1935	Course in French
Correspondence Courses, etc.	Montreal Board of Trade Night Course			Bookkeeping, Partnership, + Manufacturing

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
The National Breweries, Ltd.	Statistician	Aug '35	Apr 1940	

23. Flying Experience (in Hours) Solo —— Dual ..... Passenger .....

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Reading a great deal on general subjects, and an interest in geography, Stamp Collecting.

25. Sports engaged in. State: extensively, moderately, occasionally. Tennis, skiing, hockey, basketball, rugby, swimming, softball, skating, extensively. lacrosse and badminton occasionally.

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

Name	Address	Occupation
Mr. W. G. Kenicke	45 Finchley Rd.	Sales Manager, Nat. Brew.
Mr. J. G. Rennie	Manufacturers' Life Insurance Co.	Insurance Agent
Mr. C. H. Hanson	National Breweries	Public Relations Dept.

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

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 Apr. 18, 1940 Signature C. H. Burnstead

(A) *Report of Inte*

Type.....

Suitability fo

Date.....

(B) *Report of Tra*

Trade in whic

Result.....

Trade qualific

.....

Date.....

(C)

I, Charl

particulars are tr
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thereafter, and in
services.

Date July

(D)

I, Charl

declare) that I wi

Date July

(E)

The Recru
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The above q

I have taken
as replied to and

at Moo

C. H

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

I, Charles Harold BUMSTEAD 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 July 1st, 1940. C. H. Bumstead
Signature of Recruit

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

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

Date July 1st, 1940. C. H. Bumstead
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 Moontreal, Que. this 1st, day of July 1940.

C. S. Gen Gan ..... Rv ROYAL CANADIAN AIR FORCE
Signature of Officer — Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 25 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? NO

C. H. Bumstead.
Signature of Applicant

Examiner's Remarks *re* above Good type
Xray Neg.

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

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

2. Height 5 feet 7 inches. 3. Weight 130 pounds.

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

6. Development (Good / ~~Fair~~ / ~~Poor~~) 7. Chest Measurement—Full expiration 34 inches
Range of expansion 2 inches

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

9. Vision—Without glasses—Right 6/6 With glasses—Right
Left 6/6 Left

10. Condition of mouth and teeth Healthy 10 filled.

11. Urine—Albumen N Sugar N

12. Abnormalities (Congenital and Pathological) found on Examination

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**

Any special remarks of the Medical Officers Recheck Normal June 27/40

Date June 27 1940

June 27
President

Member

Member

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

CERTIFICATE OF THE SERVICE AND DISCHARGE OF

The corner of this Certificate to be cut off if the man is discharged with a "Bad" Character or with disgrace, or if specially directed by N.D.H.Q.

NAME (in full, Surname first) BUMSTEAD, CHARLES HAROLD OFFICIAL NO. R56-174

(1) DATE OF BIRTH 14-10-14 AGE ON ENTRY INTO R.C.A.F. 25 years 260 days.

PLACE OF BIRTH (Parish) MONTREAL (Town or County) QUEBEC

OCCUPATION IN CIVIL LIFE STATISTICIAN

TRADE IN ROYAL CANADIAN AIR FORCE AIRCREW DUTIES

RELIGIOUS DENOMINATION PROTESTANT, CHURCH OF ENGLAND

SIGNATURE ON TRANSFER TO THE RESERVE OR DISCHARGE

(2) CURRENT ENGAGEMENT IN R.C.A.F.:—

(a) State whether in Perm. or A.A.A.F.

R.C.A.F SPECIAL RESERVE

(b) Period

Date current engagement commenced	Age at that date	Terms of Enlistment
1-7-40	25	DURATION OF WAR

(c) Date of actual entry into { years Perm. R.C.A.F. Service / years A.A.A. Force Service

(d) Period re-engaged for

(3) PRIOR ENGAGEMENT IN H.M. FORCES

Service (Navy, Army, R.A.F., C.A.F., A.A.A.F. or R.C.A.F.)	Period From	Period To	Rank on Discharge

(4) NAME, ADDRESS and RELATIONSHIP of person to be informed of casualties (to be entered in pencil).

Mrs. C. E. Bumstead, 180 Mackay St apt 8, Sister, Que, Montreal

PARTICULARS AS TO MARRIAGE

(5) Full Christian Names and Surname of Woman and whether Spinster or Widow	Place and Date of Marriage	Present Address of Wife	No. and Date of C.F. Promulgating	Initials of Officer verifying entry

(6) DESCRIPTION OF PERSON

	Height Feet	Height Inches	Chest Inches	Colour of Hair	Colour of Eyes	Colour of Complexion	Marks, Wounds or Scars
On entry as a boy							
~~On mustering as a man at age of 18 years~~ Or on entry at 18 years or over	5	7	32	BROWN	BROWN	MEDIUM	
On extension of service							
On re-engagement							

Further description if necessary

DISCHARGE PARTICULARS:—

Date Address on Discharge

Total Service { towards engagement (years) (days) / towards pension (years) (days)

R.C.A.F. R. 44a

15M—4-40 (4783)
H.Q. 1062-3-58

(8) Movements and Casualties

Departure Authority	Unit FROM which	Unit TO which	Date of effect	Arrival Authority confirming
M.O. R.13	MONTREAL	TORONTO	1-7-40	DRO 157
DRO 173	#1 Man Depot Toronto	#1 I.T.S. Toronto	22-7-40	DRO 110/40
DRO 152/40	#1. I.T.S. Toronto	#1 O.T.S. Montreal	16-9-40	DRO 189
DRO 279	Entitled to flying pay	1 day		
DRO 8	Entitled to flying pay	1 day		
DRO 17	Entitled to flying pay	2 days		
DRO 18	no. 1 S of I	Jarvis RCAF Stn.	19-1-41	DRO 24/41
DRO 63	No 1 Bds & I. Jarvis Int	Debert N.S.	11-3-41	DRO 21
DRO. 47	Debert N.S.	Overseas. U.K.	5-4-41.	
	Canada.	3 PRC.	20.4.41	19/41
21/41		2 Rad Sch	28.4.41	
62/41		12 OTU	31.5.41	
83/41		88 Sqdn	28.7.41	91/41
113/41		ME	30.8.41	
	Killed	84 Sqdn	20-12-41	855

Movements and Casualties

Departure Authority	Unit FROM which	Unit TO which	Date of effect	Arrival Authority confirming

(9) Promotions, Reductions, Remusterings

Authority	Description	Date of effect
REG. NO.		
AC 509	AC 2	1-7-40
"	STD. (G.D.) AIRCREW	" " "
DRO 157	Aircrew (std)	1-7-40.
DRO 262	LAC	16-9-40
DRO. 47	Sgn. I/S. Rad	15/2/41
" 47	Remust: W/Op. A.G. Spec. Sgn	15/2/41

(10)

Rank

(11)

...val
Authority
confirming

...ERINGS

...of effect

...0

...40.

...-40

(10) CHARACTER AND TRADE PROFICIENCY

Rank	Character	Trade Classification	Degree of Proficiency in Rank and Trade	Date	Signature and Rank of Commanding Officer

(11)

CERTIFICATE OF DISCHARGE

Certified discharged   *day of*   *19*

Signature and Rank of Officer
authorizing the discharge.

4 NAME.....OFFICIAL NO.....
(in full, Surname first)

(12) SPECIAL QUALIFICATIONS and Courses of Instruction, etc.				(13) TIME FORFEITED				
Authority	Description and Place	Degree of Proficiency and class of Certificate awarded	Date	Authority	CAUSE	DATES From	DATES To	Number of Days

(14) CASUALTIES, WOUNDS, CAMPAIGNS, MEDALS, CLASPS, DECORATIONS, SPECIAL RECOMMENDATIONS, MENTIONS, ETC.

Authority	NATURE	Date of Effect
DRO 47	Awarded Air Gunner's Badge	15/2/41

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

CANADIAN

ROYAL AIR FORCE.

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

Official No. CAN/R 56174 Name BUMSTEAD Charles Harold Rank T/Sgt (Pd)
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade WO/AG "Spl" Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 14.10.14 Religion C of E Occupation in Civil Life Statistician

Last Enlisted 1st July 1940 Current Engagement D of War

If a member of the Auxiliary Air Force Attached to RAF from RCAF.

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

Name, address and relationship of legal next of kin (to be entered in pencil):

Not Stated

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

Mrs. E.E. Bumstead, 1180, Mackay Street, Apt. 8, Montreal, Quebec. (Mother.

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

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
	RC Montreal	1.7.40		Aircrew "Std" AC2	1.7.40
RC Montreal	1 Mng Dpt	1.7.40		LAC	16.9.40
1 Mng Dpt	1 ITS	22.7.40		WO/AG "Spl" T/Sgt (Pd)	15.2.41
1 ITS	1 WS	16.9.40			
1 WS	1 B&GS	19.1.41			
1 B&GS	Debert	11.3.41			
Debert	Overseas	5.4.41			
CANADA	UK	19-4-41			
U.12	3.P.R.C.	20-4-41			
3.P.R.C	2.S.S.	28-4-41			
YATESBURY. No. 1 WING,	12 O.T.U. BENSON	31 MAY 1941			
12 O.T.U.	88 Sqdn	28.7.41.			
88 SQDN.	M.E.	30.8.41.			
M.E.	M.E.POOL	3.9.41.			
M.E. POOL.	84 SQDN.	3.11.41.			
84 SQDN.	KILLED.	20.12.41.			

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

* The authority to be quoted will be the serial number of the relevant P.O.R.

(5750—1016) Wt. 27694—1871 120M 11/40 T.S. 700
(6711—1016) Wt. 45658—3318 242M 3/41 T.S. 700

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.

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

Rank.	Character.	Trade Classification.	Proficiency. A	B	C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
T/SGT	VG	W/OP(2) AG	NOT EMPLOYED		ON STRENGTH FOR TRAINING ONLY.		31 MAY 1941	[signature] S/L
T/Sgt	VG	W/Op A.G.	ON STRENGTH FOR TRAINING ONLY				28.7.41	[signature] G/C.
T/Sgt.	V.G.	W.Op/A.G.	SAT	—	SAT	rec.	30.8.41.	P.R. Barr S/L.
T/Sgt	VG	W.op/ag.	SAT (ii)	—	SAT (i)	—	20 Dec 41	C.E. Kennedy [signature] G/C (MG)
10R 102/41.	4 Days Emb.	Leave 16/8/41 - 19/8/41	Warrant issued			[signature] F/O		88 Squadron
Priv	Leave	1.6.41 - 7.6.41	incl (7 days)			FRW. 542358	69/41	E.F. Long. W/O
3 MAY 1941		11.5.41	9	Priv.	POR 49/41	[signature] F/Lt		No. 1 WING, YATESBURY. F.R.W.1.

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

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

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.OS.C., ETC.

Authority.	Nature.	Date of Effect.
DRO 47	Awarded Air Gunner's Badge 15.2.41	

R.C.A.F. Special Reserve

R.C.A.F.—R. 13
15M—9-39 (1999)
H.Q. 1062-3-19

ROYAL CANADIAN AIR FORCE

MOVEMENT ORDER

1. Name BUMSTEAD, C.H. Date July 1st, 1940

No. R. 56-174 Rank AC2 Trade Std. (G.D.) Aircrew.

Unit or Station of Origin RCAF. Recruiting Centre, Montreal, P.Q.

2. INSTRUCTIONS

you are to proceed to TORONTO, Ont. on July 1st, 1940., and immediately on arrival you are to report to the Orderly Room and present this form. If you are delayed en route you are to have Para. 4 of this form completed.

Signature C.S. Gerardeau for (J.V. Sorsoleil),

Rank Flight Lieutenant.

Acknowledged

(Signature of Bearer) C.H. Bumstead Appointment C.O. RCAF. Recruiting Centre, Montreal.

3. TRANSPORTATION ARRANGEMENTS

(a)

Warrant Nos.	Date	From	To	Via	Berth Issued	R.R.
1	1-7-40	Montreal	Toronto	Rail	----------	C.P.R.
2						

Your train leaves Windsor Stn. Montreal (Place) at 2345 (Time) hours July 1st, (Date) 1940

Change trains at ---------- (Place) arriving TORONTO (Destination) at 0800 (Time) hours July ~~1st~~ 2nd (Date) 1940

or,

(b) By Road (Insert Instructions) ---------

4. DELAYS OF OVER SIX HOURS

Place delayed ..... Time of delay from ..... to .....

Cause of delay .....

Signature of responsible person .....

Sickness to be certified by a doctor. Railroad delays by train conductor. Other delays by responsible persons.

5. FOR INFORMATION OF UNIT AT DESTINATION

The bearer is in possession of the following documents.

1 RCAF. R. 44a 4 AFM. 10

2. MFB. 313b 5 AFM. 11

3 MFM. 5 6 AFM-23

6. UNIT REMARKS

Actual date of arrival ..... shown in D.R.O. No. ..... Dated .....

..... Adjutant

..... Rank

..... Unit

NOTE:—This form is to be made out in duplicate. One copy forwarded to the new unit by mail and one copy with bearer. C.O. new unit after completing para. 6, is to forward one copy to Headquarters, Ottawa.

AGREEMENT

From: Charles Harold BUMSTEAD

To: Commanding Officer
R.C.A.F. Recruiting Centre,
Montreal, Que.

1. In the event of my being accepted for enlistment in the Royal Canadian Air Force, I agree to the following conditions of service:

(a) That I will be liable to be called upon to perform duties not directly or indirectly connected with the trade in which I have applied, i.e. Standard General ... Duties..(Air Crew)..... until such time as the R.C.A.F. is in a position to employ or train me in said trade.

(b) That I will be required to pass the prescribed examinations and tests before a R.C.A.F. Trade Test Board before I will become eligible for re-mustering to a higher trade group.

(c) That in the event of my being found unsuitable by R.C.A.F. authorities for employment or training in the above mentioned trade, I am liable to be re-mustered to another trade.

2. I have carefully read this agreement, and fully understand it to be in addition to the agreement in the attestation paper that it will be necessary for me to sign if I should be attested.

C.S. Mewburn (Witness)

C. H. Bumstead (Signature of Applicant)

July 1st, 1940. (Date)

July 1st, 1940. (Date)

A.F.M.23
1/6/40

R.C.A.F. Special Reserve

R.C.A.F. Special Reserve

Interview Report

Non-Flying List	Administration Technical Equip. & Accounts
Air Crew	Pilot Observer Wireless Op./Air. Air Gunner

SURNAME CHRISTIAN NAMES IN FULL

BUMSTEAD, Charles Harold

Age 25
Height 5'8"
Weight 140
Married Single
No. of Children

ACADEMIC STANDING:

Valois School
Cedar Park 1923-1933

McGill - summer course - French - 1934 - 1935
Board of Trade - Night Course - bookeeping, and accounting, 1935-36

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

None

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

National Breweries - (statistician) Aug. 1935 to-date

SPORTS:
EXTENSIVELY: tennis, football, skating
MODERATELY: skiing, hockey baseball
OCCASIONALLY: track, (sprints) basketball

HOBBIES:
Reading, history
stamp collecting - sailing

APPEARANCE: HEALTHY-RUGGED-SLENDER
TALL-MEDIUM - SHORT
REFINED-ORDINARY-COARSE
CLEAN - UNTIDY - DIRTY

DRESS: FLASHY-TASTEFUL-CONSERVATIVE
POORLY DRESSED-NOT CLEAN AND
NEAT-SMART-UNTIDY-CARELESS

INTELLIGENCE: QUICK - DELIBERATE-DULL
ORGANIZED-ACCURATE-MUDDLING

PERSONALITY: DOMINEERING-CONFIDENT-
SUBMISSIVE-MATURE-
IMMATURE-PLEASANT-
AGRESSIVE

SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F.....YES YES NO

FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK...YES NO

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para.1(b)
ecommendations verified.

SUMMARY OF ALL OF THE ABOVE:
Very good type, wiry build confident ambitious, keeen, observant, steady nerves, dependable, honest. Anxious to serve.

Highly recommended for Air Gunner.

EXCELLENT
ABOVE AVERAGE
AVERAGE
BELOW AVERAGE
(Strike out words not applicable)

RECOMMENDED FOR:

Air Gunner

J.V. Sorsoleil F/O.
SIGNATURE OF OFFICER:

DATE: 20/6/40 RECRUITING CENTRE:

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

A.F.M.5

R.C.A.F. Special Reserve

AIR FORCE NO. R56-174 NAME OF OFFICER OR AIRMAN BUMSTEAD, Charles Harold

EVIDENCE OF BIRTH

DESCRIPTION OF DOCUMENT Certificate of Birth.

NUMBER DATE Nov. 3rd, 1923

ISSUING AUTHORITY St. John the Evangelist's Church, Montreal

SUBJECT - Self (full name) ~~XXXXXXXXXXXXXXX (Full Name)~~ BUMSTEAD, Charles Harold

DATE OF BIRTH Oct. 14/1914

PLACE OF BIRTH Montreal city, town, village, Que., province, Can country.

MOTHER (Full Maiden Name) EVANS, Eva Emily

FATHER (Full Name) BUMSTEAD, Bert Novello

DATE 24/6/40

CERTIFIED TRUE EXTRACT

(Signature & rank)

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

A.F.M. No. 10

R.C.A.F. Records Office
Rec'd JUL 10 1940
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

AGREEMENT

From: Charles Harold BUMSTEAD

To: Commanding Officer
R.C.A.F. Recruiting Centre,
Montreal, Que.

1. In the event of my being accepted for enlistment in the Royal Canadian Air Force, I agree to the following conditions of service:

(a) That I will be liable to be called upon to perform duties not directly or indirectly connected with the trade in which I have applied, i.e. Standard General .. ..Duties..(Air Crew)..... until such time as the R.C.A.F. is in a position to employ or train me in said trade.

(b) That I will be required to pass the prescribed examinations and tests before a R.C.A.F. Trade Test Board before I will become eligible for re-mustering to a higher trade group.

(c) That in the event of my being found unsuitable by R.C.A.F. authorities for employment or training in the above mentioned trade, I am liable to be re-mustered to another trade.

2. I have carefully read this agreement, and fully understand it to be in addition to the agreement in the attestation paper that it will be necessary for me to sign if I should be attested.

C.S. Geus Ran (Witness)

C.H. Bumstead (Signature of Applicant)

July 1st, 1940. (Date)

July 1st, 1940. (Date)

R.C.A.F. Records Office
Rec'd JUL 10 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

A.F.M.23
1/6/40

FORM SDL 2

NOTE: Correspondence must be addressed to the Company and not to individuals.

R.C.A.F. Special Reserv

The National Breweries, Limited

COUNTRY SALES & EXPORT DEPARTMENT

990 NOTRE DAME ST. WEST — MONTREAL November 13th, 1939.

OUR LEADING BRANDS

DAWES
BLACK HORSE ALE
BLACK HORSE PORTER
EXPORT ALE
KINGSBEER LAGER
CREAM PORTER

DOW
YELLOW CAPSULE
"OLD STOCK" ALE
CROWN STOUT
DOUBLE STOUT

FRONTENAC
EXPORT ALE
WHITE CAP ALE
BLUE LABEL LAGER
EXTRA STOUT

BOSWELL
EXPORT ALE
GREEN LABEL ALE
CREAM PORTER
B.B. LAGER

TO WHOM IT MAY CONCERN:

ROYAL CANADIAN AIR FORCE.

Dear Sir:-

This is to advise that the bearer of this letter, Mr. Harold Bumstead, has been in our employ for over five years, he coming to us as a junior and now forming part of our Statistical Department.

During this time his work has been very satisfactory; he is ambitious and punctual and we believe that he is in very good health, as according to our records he has been away only one day during the five years, apart from his regular two weeks' holidays per year.

Finally, we consider him a very bright young man.

Yours truly,

SALES & EXPORT DEPARTMENT

per

WL/G.

Sales Manager.

R.C.A.F. Records Office
Rec'd JUL 10 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... T. A. .....

R.C.A.F. Special Reserve

R.C.A.F. OFFICERS' MESS
TRENTON, ONT.

Sunday, October 8th 1939.

R.C.A.F. Recruiting Office,
Montreal, P.Q.

Dear Sirs,—

I have known Mr. Harold Bumstead of Montreal for the last three years, during which time we have often discussed flying and he many times mentioned that he hoped to be able to get into the R.C.A.F. Auxiliary Force. He was tremendously enthusiastic about it, but couldn't arrange for business reasons.

He has written me in regard to a recommendation, and from what I know of him I believe he would prove capable and do whatever duties which were

R.C.A.F. Records Office
Rec'd JUL 10 1940
O. K. ..... C.I.B. .....
..... N.I. .....
..... P.A. .....

allotted to him conscientiously and intelligently.

Yours truly

Duncan R. Anderson F/O

R.C.A.F. Special Re.

MEMBER OF THE CANADIAN CHAMBER OF COMMERCE
MEMBER OF THE FEDERATION OF CHAMBERS OF COMMERCE OF THE BRITISH EMPIRE

THE MONTREAL BOARD OF TRADE

MONTREAL October 4, 1939.

R.C.A.F.

TO WHOM IT MAY CONCERN

This is to certify that Mr. C.H. Bumstead was a student of this Board's Department of Commercial Education during the session 1935-1936 and completed our course in Bookkeeping, Partnership & Manufacturing Accounting. His attendance was one hundred percent.

J. Stanley Cook
Secretary

R.C.A.F. Records Office
Rec'd JUL 10 1940
O. K. ..... C.I.B. .....
R. C. ..... N 1. .....
S. L. ..... P A ...

R.C.A.F. T. 82
5M—8-40—(6626)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

AIR AND GROUND TRAINING

Surname Bumstead Christian Names C H

Number CAN R-56174 Rank AC 2

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From I.T.S. to Wireless School.

From Wireless School to Bombing and Gunnery School.

Duplicate —To be available on demand by the Training Command concerned.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

INITIAL TRAINING

1. No. 1 Initial Training School. Course No. 5 From July 22 To Sept. 14/40

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	100	48	Drill	100	77
Armament (P. & O.)	100	82	Law and Disc., etc.	100	88
			TOTALS	400	295

3. Maximum Marks, 400. Marks Obtained 295 Percentage 74 Pass or Fail P

Position in Class 84 No. in Class 214

4. Remarks Very good type of man. He should become a good gunner.

The fact that a Gunner fails in mathematics which include Trigonometry & the use of logarithms has been held notto be a bar

G. S. O'Brien Wg. Comdr.
Commanding Officer

Date OCT 10 1940

To be passed to No. 1 Wireless School.

PART II

WIRELESS TRAINING

1. No. 1 Wireless School. Course No. 5 To 19-1-41 From 16-9-40.

2. Flying Times—

(a) In Flying Classroom as 1st Operator ..... 1 ..... hours.

(b) In Flying Classroom, listening watch ..... 3 ..... hours.

(d) In 2-seat aircraft as sole operator ..... 6 ..... hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 (c) above, no assessment is to be made and therefore all categories are to be deleted.

~~Above average~~
Above Average
~~Below average~~

4. Ground Training:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Theory	100	60	Signals Office Routine	100	65
Practical Application	150	110	Signals Organization	150	101
Morse (buzzer and lamp)	200	125	Drill and P.T	100	70
Procedure	200	165	TOTALS	1000	696

Maximum Marks 1000. Marks Obtained 696. Percentage 69.6. Pass or Fail Pass.

Position in Class 10 No. in Class ~~40~~ 59 ID

5. Date authorized to wear Wireless Operator's Badge 19-1-41

6. Assessment as to suitability for N.C.O. rank:—
(Delete categories not applicable)

~~Specially suitable~~
Average as WAG N.C.O.
~~Not suitable~~

7. Comments as to suitability for Commissioned rank:— Has not shown any qualities while at this unit, to recommend him for Commisioned rank.

8. Assessment as to suitability as an Instructor in Wireless Schools for similar tradesmen (delete categories not applicable).

~~Specially suitable~~
Average
~~Not suitable~~

J. Shrimpton Wing
Officer Commanding

No. 1 Wireless School

Date 15-1-41

To be passed to No. 1 B. G. S.

1. No..
2. Dates
3. *Flyin*
4. *Air G*
5. *Assess*
6. Positi
7. Date a
8. Comm
9. Rema
10. *Final*
11. Percen
12. Recom
13. Remar

PART III

ARMAMENT TRAINING

1. No. 1 B. G. S. Course No. 5 A.G.

2. Dates of Course:— From 20-1-41 To 17-2-41

AIR TRAINING

GUNNERY

3. *Flying Time:—*

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
Battle	7:35		2:35	10	10

4. *Air Gunnery Results—*

	Average percentage hits to rounds fired
(a) Beam Test	2.3 %
(b) Beam Relative Speed Test	3.7 %
(c) Under Tail Test	3.2 %

5. *Assessment—*

		Marks Obtained
(a) Written Examination	(100 Marks)	95
(b) Practical and Oral Examination	(100 Marks)	84
(c) Ability as Firer	(250 Marks)	131
(d) Qualities as an N.C.O.	(150 Marks)	114
Totals	(600 Marks)	424

6. Position in Class ~~26~~ 27 No. in Class 67 Pass or Fail pass

7. Date authorized to wear Air Gunner's Badge 15-2-41

8. Comments on suitability for Commissioned Rank Unsuitable

9. Remarks Intelligent and keen, has shown above average ability

R. V. Yuill (Sqd. Ldr.)
Chief Instructor
No. 1 B. G. S.
Date 18-2-41

10. *Final Assessment* (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained
Wireless School	1000	696
Bombing and Gunnery School	600	424
TOTALS	1600	1120

11. Percentage 70 Pass or Fail pass Position in Class 33
No. in Class 67

12. Recommended for Commissioned Rank No (yes or no) Assessment average (ex., above average)

13. Remarks

J. E. Wait (Grp. Capt.)
Officer Commanding
No. 1 B. G. S.
Date

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: Charles H. BUMSTEAD — Register No. .....
(Christian Names) (Surname) File No. 9666

PAYEE: Receiver General of Canada — Date 19 May 45
(Christian Names) (Surname) Service No. R56174

ADDRESS: Director of Estates — Final Rank or Rating F/S
Ottawa, Ont. Date of Discharge 20 Dec 41

Date of Termination of O/S service 20-Dec-41

	$	¢
A. TOTAL QUALIFYING SERVICE		
No. of days $\frac{538}{30}$ equal to 17 complete periods @ $7.50	127.	50
B. QUALIFYING OVERSEAS SERVICE		
No. of days 260 less 28 ineligible days, equal to 232 days @ 25¢ per day	58.	00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
Daily Rates at Discharge		
Pay .....$..3.50		
Subsistence or Lodging and Provision Allowance .....$..1.00		
Additional Pay		
.....$.....		
Dependents' Allowance 1/30 of $ .....$.....		
TOTAL $ 450 x 7 = $ 31.50		
No. of days $\frac{260}{183}$ x $ 31.50	4476.	
DD. WAR SERVICE GRATUITY	23026	
E. Deductions Overpayment of Pay and Allowances $		
Dependents' Allowance and Assigned Pay $		
Other deductions $		
F. TOTAL AMOUNT PAYABLE	230.26	
G. YOUR PROPORTION: (D.A. in issue to you = ——— of $ (Total D.A. in issue)		

34.43
10.33
44.76

PREPARED BY	CHECKED BY
	MRG

1022-B-4056

56174

NOTIFICATION OF DEATH.

CERTIFIED that according to the records of this department Can/R.56174 Sergeant Charles Harold Bumstead, Royal Canadian Air Force, lost his life on active service on the twentieth day of December 1941 at Gambut, Libya.

Gordon Scrutton
Flight Lieutenant,
for Director of Personal Services.

Dated at
the Air Ministry,
London, W1
this 24th day of April 1942.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

R56174 PA.

Do not write in this space

1. PLACE OF DEATH

Municipal county: Gambut, near Tobruk.

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or the 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

Surname: Bumstead (Block letters)

Given names: Charles Harold

Do not write in this space

4. RESIDENCE

Street: 1180 Mackay Street, Apt. 8, No.

Official name of civil municipality or township:

Municipal county: Montreal, Province: P.Q.

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

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

10. BIRTHPLACE (Province or Country): Montreal, P.Q.

11. DATE OF BIRTH: October 14th, 1914. (Month) (Day) (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	27	2	6	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Wireless Operator Air Gunner

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

15. Date deceased last worked at this occupation: 20-12-41.

16. Total years spent in this occupation: 17 mos.

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Bert Novello Bumstead	England
MOTHER (Maiden Name)	Eva Emily Evans	Wales

19. Place of burial, cremation or removal: Tobruk Cemetery

20. Date of burial: December 21st 1941.

PLACE OF CREMATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December 20th (Month) (Day) 1941. (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) Killed during air

due to operations Overseas.

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?

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

Accident, suicide or homicide: Accident (State which) Date: 20-12- 1941

Manner of injury: Aircraft crashed (How sustained)

Nature of injury: Fatal.

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

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

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

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.): R.O. for Director of Postings & Records. R.C.A.F. Headquarters.

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)

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

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

Rue | No. | Hôpital ou institution

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

3. NOM DU DÉFUNT — Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

4. RÉSIDENCE

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

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

Comté municipal ..... Province .....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				..... hrs. ou ..... min.

OCCUPATION

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

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

15. Dernière date à laquelle le défunt vaquait à ce travail | **16.** Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

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

(b) Municipalité civile de .....

(c) Comté municipal .....

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

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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

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

24. CAUSE DU DÉCÈS

I

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

dû à

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

dû à

(c) .....

II

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

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner — (a) Date d'éclosion ..... 19.....

(b) Durée de la maladie ..... jours

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

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

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

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

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

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

Nature de la blessure .....

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

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

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

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

.....

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

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

.....

(For English see other side)

LAST WILL AND M. F. M. 5 ATTACHED.

CASUALTY RETURN

To be filled out for fatal casualties and personnel reported missing

NAME ..... BUMSTEAD, CHARLES HAROLD

NUMBER R56174

RANK ..... T/SGT. (PAID)

AIR FORCE TRADE ..... WIRELESS OPERATOR AIR GUNNER (SPEC. GRP.)

SERVICE: RCAF, ~~RAF, RAAF, RNZAF~~ - UNIT - OVERSEAS
(Strike out Services not applicable)

WAS AIRMAN ON LEAVE WITHOUT PAY? ..NO... MARITAL STATUS: ..SINGLE.....

PLACE OF BIRTH AND DATE..MONTREAL, QUE. - 14-10-14.....

PLACE AND DATE OF ENLISTMENT..MONTREAL, QUE. - 1-7-40.....

NEXT OF KIN (As shown on Airman's Record of Service).....

MR. AND MRS. B. N. BUMSTEAD

RELATIONSHIP.....FATHER AND MOTHER

ADDRESS.....1180 MACKAY ST., APARTMENT 8, MONTREAL, QUE.....

NEXT OF KIN (As shown on Casualty Signal from Unit).....

MRS. E. E. BUMSTEAD

RELATIONSHIP.....MOTHER.....

ADDRESS.....1180 MACKAY STREET - APARTMENT 8 - MONTREAL - QUE.

PARENTS NAME (S).(FATHER) MR. BERT NOVELLO BUMSTEAD (MOTHER) MRS. EVA EMILY BUMSTEAD

ADDRESS (As shown on airma n's Record of Service) .....1180 MACKAY ST., APT. 8, MONTREAL, QUE. 1180 MACKAY ST., APT. 8, MONTREAL, QUE...

WAS MOTHER LIVING ON ENLISTMENT..YES...WAS FATHER LIVING ON ENLISTMENT...YES...

FATHER'S NAME .....BERT NOVELLO BUMSTEAD.....

FATHER'S BIRTHPLACE .....ENGLAND.....

MOTHER'S MAIDEN NAME .....EVA EMILY EVANS.....

MOTHER'S BIRTHPLACE .....WALES.....

EDUCATIONAL BACKGROUND
(Schools attended, etc.) ....

.....

.....

GENERAL BACKGROUND
(Outstanding Achievements, etc.....

AIR GUNNER'S BADGE 15-2-41.

.....

RELIGION.....CHURCH OF ENGLAND.....

NATIONALITY (Citizenship).....CANADIAN.....French Canadian.....

CASUALTY SIGNAL NO.....X5733.....DATE.....11-1-42.....

KILLED 20-12-41.

DATE...12-1-42.....

.....
(for D.A.P.S.

AIR. Lieu

R.C.A.F. Special Reserve

To be made out in duplicate.

M.F.M. 5
400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier Charles Harold BUMSTEAD
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number R56-174

(3) Unit ROYAL CANADIAN AIR FORCE

(4) Are you married? NO

(5) If married, state,

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

(*b*) Present postal address of wife N.A.

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

(7) Are you a widower? N.A.

(8) Have you any children? N.A.

If so, give number of boys and girls N.A.

Also their names and ages N.A.

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name N.A.

Postal Address N.A.

R.C.A.F. Rec'd MAY 2 1941 O.K. N.I. R.C. P.A. S.L.

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? NO

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

(11) Is your father alive? YES.

If so, state name and address Bert Novello BUMSTEAD
1180 MacKay St, Apt 8, Montreal, Que.

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. N.A.

Also state reason he has no other means of support N.A.

(14) Is your mother alive? YES.

If so, state name and address EVa Emily EVANS BUMSTEAD
1180 MacKay St, Apt 8, Montreal, Que.

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. N.A.

Also state reason why she has no other means of support N.A.

(17) Are you insured? YES.

If so, in what Company? MANUFACTURERS LIFE ASS. CO.

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.

C. H. Bumstead
(Signature of officer or man)

Date July 1st, 1940.

---

for C. S. Grenier Ran Rb
(J.V. Sorsoleil) Flt. Lieut.
Officer Commanding
Commanding Officer,
R.C.A.F. Recruiting Centre,
Montreal, Que.

Date July 1st, 1940.

AIR FORCE No. R56174

BUMSTEAD
SURNAME

C. H.
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE
DATE

RELIGION

R.C.A.F. FORM R230

TYPE OF LEAVE				
FROM	TO	No. DAYS	DESCRIPTION	AUTH.

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

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
		ME Pool		
		84 Sqd.		
	Killed during			OS 2/12
		Air Ops	20 12 41	AFRO 94/42 5/42

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

6/4/41

AIR FORCE No. R56174

Bumstead
SURNAME

C. H.
FULL CHRISTIAN NAME

ENLISTMENT/A[illegible]EN

PLACE

DATE

ELIGION

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE

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

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

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)

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt	15241		W.O.A.G.		
F Sgt	11041				
Cancelled	11241	AFRO 2258/43	AFRO 1020/44		

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

AIR FORCE No. R56174

BUMSTEAD, CHARLES HAROLD

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 1-7-40

RE-ENLISTMENT

C.R. FILE NUMBER

(8)

RECORD OF SERVICE AIRMEN

13

P.C.A.F. FORM R4. 50M-10-40 (7685) H.Q. 1062-3-58

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	1 M.D Toronto	2	7	40	TMP157
SOS	1 MD to 1 ITS Toronto amended	21	7	40	TMP173 174
SOS	1 MD to 1 ITS Toronto	22	7	40	TMP174
SOS	1 ITS to 1 W.S (amended)	16	9	40	1ITS152206
SOS	1 ITS to 1 W.S	16	9	40	1ITS206
SOS	1 WS Montreal	19	1	41	1 W.S 18
TOS	1 BGS Jarvis	20	1	41	1BGS221
S.O.S.	1 BGS Jarvis (amended)	11	3	41	1BGS63-114
TOS	RCAF Stn Debert N.S.	12	3	41	Em 21
SOS	Em Dep to Elsewhere	5	4	41	Em 47
S.O.S.	1 BGS to No. 1 M. Depot Debert N.S	11	3	41	1BGS114
TOS	U.K. from Canada	20	4	41	RAF 23
SOS	to 2 Rad. Sch. Yatesbury	28	4	41	RAF 23
SOS	to 120TU	31	5	41	RAF36
SOS	To 88 Sqd.	28	7	41	RAF37
SOS	to M.E.	30	8	41	RAF 42
9	Killed	20	12	41	RAF 5 RAF 2 ME

Operational - Blenheim X5733 d 11-1-42
Flying battle at Gambut, attempting to land in dust storm hit escarpment and bomb load exploded - buried in Tobruk.
Overseas primary Mar East.
84 Sqdn.

81.

CH	STRENGTH	DATE			CAUSE	STATUS	RESULT	DATE OR PLACE	P	CH
H	D	28	20	12 41	1	9	7	R0110.		✓

9666
War Service Gratuity Comp 3 10 44

9666 Completed W.A.G. DEC 18 1944

TOS	1 BGS Jarvis	20	1	41	1BGS 241
SOS	1 WS Montreal	19	1	41	1WS 18

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	1	7	40	TMP157
LAC	16	9	40	1WS 262 1ITS206
T/Sgt (Paid)	15	2	41	1BGS47
T4 cancelled				
2/ITS	1	12	41	AFR02258 1020
T/WO2 (pd) Entered in ERROR	1	12	41	AFR02258
LAC	16	9	40	1ITS206 1WS262

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.
27-5-40	R100	a	
30-4-40	M2	a.B.	
30-8-40	M2	a.B A3B.	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew	S	1	7	40	TMP157
WO/AG	Spec	15	2	41	1BGS47
3045					X

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
W.A.G Course	69.6	19	1	41	1WS
W.A.G Course	70%	18	2	41	T82
WAG Course	69.6	19	1	41	1WS
WAG Course	70%	18	2	41	T82

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
16-2-41	12-3-41	24	annual	1BGS47
3-5-41	11-5-41	9	Priv.	RAF 23

AIR FORCE No. B56174 R

Bumstead, Charles Harold
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 1-7-40

RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R. 44 (E

RECORD OF SERVICE AIRMEN

7. BIRTH:

DATE	PLACE	CITIZENSHIP 1
14-10-14	Montreal Que	British

FATHER (FULL NAME) Bert Novello Bumstead

BIRTHPLACE England

MOTHER (FULL MAIDEN NAME) Eva Emily Evans

BIRTHPLACE Wales.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE

JUNIOR MATRICULATION

SENIOR MATRICULATION

TECHNICAL SCHOOL Blank

UNIVERSITY – McGill – Course in French

CORRESPONDENCE COURSES – X

Montreal Board of Trade – Night Course Bookkeeping Partnership Manufacturing

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

Statistician 5 yrs.

7490

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

C

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Gunners Badge	1BGS47	15-2-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION C of E. 3 3

14. LANGUAGES – English French 6 3

15. SPORTS – Reading, Geography, Stamp Collecting, Tennis, Skiing Hockey Basketball Rugby Swimming Softball

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: Single

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Mr & Mrs. B N Bumstead — RELATIONSHIP Mother & Father

ADDRESS: 1180 Mackay St. Apt 8 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.
Flying Pay (1dy)	23	12	40	1W.S 279			
Flying Pay (1dy)	3	1	41	1W.88			
					Flying Pay (1day		WS 8
					Flying Pay (1day		WS 279

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	1	7	40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Qtrs & Rations		20-1-41	1BGS24
occupub qtrs & drawing rations		11-3-41	Em21
Railway warrant issued		3-11/5/41	RAF.23.
Attached to Stn Portreath		26/30-8-41	RAF42
Ceased att. to	Watton	30-8-41	RAF 42
Attached to Stn	Watton	20-8-41	RAF39
Qtrs & Rations		20-1-41	1BGS24
APE: 1180 Mackay St-Apt 8 Montreal Que			

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
15-7-40	27-3-41	3-7-40				KX DC X