R56368
CONWAY
JAMES LESLIE

R0056368 CONWAY JAMES LJ W022

NUMBER | NAME | RANK

SERVICE AWARD CARD

(Ops. Wgs.)

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

	39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL (WAR)	C.V.S.M.				
AWARD	✓			✓						✓	✓				
AWARD AND CLASP				✓							✓				
APPLICATION DISPATCHED															
RIBBON ISSUED															
MEDAL ISSUED														9/1/46.	

44870

NUMBER | NAME | RANK | PREFIX | CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

no later address available
Hold pending application.

MEMORIAL BAR
DATE DESP 30/9/52
REGN. NO 14579

Mrs. Martha Conway (mother)
~~5716 Jeanne Mance St.,~~
~~Montreal,~~ 1070 St. Viateur West,
~~Que.~~ Outremont, Quebec. 26 Sep 52

~~Feb 46.~~
14474 - 27/9/52

CANCELLED 2-3-50
MEDALS RETD UNDELIV'RD RET'D TO STOCK

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-C-5806 ~~111585~~

NAME CONWAY, James Leslie Joseph

REGT'L NO. R56368

RANK Sgt. W.O.A.G. UNIT ~~XXXXXXXX~~ PRES. DEAD

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
		DATE OF DEATH: 18-Feb-43 MOTHER LIVING: YES WIFE: NA		
		MINISTERIAL CARD: 8-3-43 ROYAL MESSAGE: FEB 23 1944 MEMORIAL CROSS: FEB 16		
		To mother & father		
		To mother & father 4-11-43		
		Mr. & Mrs. Michael Joseph Conway, 5716 Jeanne Mance St., Montreal, Que.	R.C.	
		/MM		

Mrs. Michael J. Conway,
5716 Jeanne Mance Street,
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. 1022-C-5806 FD 276

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

7th September 1944

ESTATES BRANCH SEP 18 194 H.Q. OTTAWA NATIONAL DEFENCE

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

CONWAY, James Leslie Joseph, ~~Sgt.~~ WO II

No. R.56368, R.C.A.F.

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

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

G.S. Gilroy F/L
for Director of Estates.

GSG/hlf
M.F.W. 77
6-44 (4878)
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		None		None
2	Children of the Deceased and dates of their Births		None		None
3	Father of the Deceased		Michael F Conway	55	3716 Jeanne d'Arc St
4	Mother of the Deceased		Martha M Conway	54	Same
5	Brothers of the Deceased	Full Blood	Francis J. Conway	25	Same
			Michael J. Conway	18	Same
		Half Blood	None		None
6	Sisters of the Deceased	Full Blood	Florence I. Conway	23	3716 Jeanne d'Arc St.
		Half Blood	None		None
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	None		None		None

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Leslie Joseph Conway
9	Date of his birth.	April 6 / 1918
10	Place and date of his marriage.	Unmarried
11	Place and date of his parents' marriage.	Montreal

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
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.	Dept of Public Works - Government Montreal
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	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?	Deposit Account $15.00
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.	London Life Insurance Co $3000 — Mother
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

X, Mrs Michael Conway — Signature of Informant

5716 Jeanne Mance St Montreal P.Q. — Address

CERTIFICATE

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

See above. Mrs Michal Conway (Name of informant) is the Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 14th day of Sept 1944

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

Qualification Commissioner Superior Court District of Montreal

Address 5694 Park Ave. Montreal, Que

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

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R56368 RANK ~~SGT.~~ WO II UNIT 69 SQUADRON OVERSEAS

TRADE W.O.A.G. (SP GR)

NAME CONWAY, JAMES LESLIE JOSEPH

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

MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. MICHAEL CONWAY (MOTHER)
ADDRESS 5716 JEANNE MANCE STREET
MONTREAL, QUEBEC.
NAME MRS. MARTHA M. CONWAY
ADDRESS SAME ADDRESS
D.A.B.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. M. CONWAY (MOTHER)
ADDRESS 5716 JEANNE MANCE STREET
MONTREAL, QUEBEC

FATHER'S NAME MR. & MRS. MICHAEL JOSEPH CONWAY
ADDRESS 5716 JEANNE MANCE STREET
MONTREAL, QUEBEC
LIVING ON ENLISTMENT YES

MOTHER'S NAME
ADDRESS
LIVING ON ENLISTMENT YES

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

AIR MIN KWY---PCX863---d-29-SEPT-43.

PREVIOUSLY REPORTED "MISSING" 18-FEB-43 AFTER AIR OPERATIOSS (OVERSEAS)

NOW "PRESUMED DEAD" 18-FEB-43 FOR OFFICIAL PURPOSES.

E BRANCH
NOV 4 1943
H. Q.
OTTAWA
NATIONAL DEFENCE

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

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

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

DATE 1st Nov. 43.

FOR CHIEF OF THE AIR STAFF

△TS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 28959

WILL R.C.A.F. R.60

(1) I, ... James. Leslie. Joseph. Conway. ..... of the (City / ~~Town~~ / ~~Village~~ / ~~Township~~)

of ... Montreal. ..... in the County / District of ..... N/A. .....

Province of ..... Quebec. ....., .. Maintainance. Man. .....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number .. R. 56368. ..... do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(2) I Give, Devise and Bequeath unto:-

my mother,

Martha Mary Conwa y

of

5716 Jeanne Mance Street, J.C.

Montreal, Quebec.

my whole estate

(3) I Give, Devise and Bequeath all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situated unto:-

N/A

(4) I appoint ... my. mother, .. M.M.. Conway .. of. 5716. Jeanne. Mance. Street, ...
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this ..... 26th ..... day of

..... August ..... 19. 40.

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.

James Leslie Joseph Conway .....
(Signature of Testator)

(5) Signature ... O.L. Wyse .....

Address ... No. 1 Manning Depot, Toronto. .....

Occupation ... Clerk .....

Signature ... J. Clark .....

Address ... No. 1 Manning Depot, Toronto. .....

Occupation ... Clerk. .....

(Witnesses are not to be Beneficiaries)

R.C.A.F. Records Office
Rec'd SEP 22 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

W.O. Cuw. air

R.C.A.F. Special Reserve 23-8-40

B. 1013

To be made out in duplicate

Intake No. 9

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank James Leslie Joseph CONWAY
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R56-368

(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. Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

R.C.A.F. Records Office
Rec'd AUG 30 1940
O.K. C.B.
R.C. N.I.
S.L. P.A.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

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

(11) Is your father alive? YES.

If so, state name and address, occupation Michael JoSEph CONWAY

5716 Jeanne Mance St, Montreal, Que. Steamfitter.

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

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

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

(14) Is your mother alive? YES.

If so, state name and address Martha ~~MEADE~~ CONWAY

5716 Jeanne Mance St, Montreal, Que.

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

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

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

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

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

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

(18) Are you insured? YES.

If so, in what Company? ~~Montreal~~, Life Ass. co. LONDON (Give number of policy)

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

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

James Leslie Joseph Conway
(Signature of officer or man)

Date August 24th, 1940.

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

Date August 24th, 1940.

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

POST PRESUMPTION MEMORANDUM 1280

P.4.Cas.B.4. 13.9.45.

FILE NUMBER	RANK	NUMBER	NAME	INFORMATION
P.400528/43 Cas. date 18.2.43.	P/O. SGT	136021 R56368 1022-C 5806	R. NASH J.L.J. CONWAY PA 22/12/44	No. 2 Base Personnel Office R.A.F. Malta, states P/O. Nash is buried at Catania British Cemetery, Plot 1, Row K, Grave 46.

G.82850

Circulation

Main File
B.4. Records
Pres. (Miss Shepherd)
War Graves (B.7.)
Chron. Cards (Miss Lambourne)
Amendments (Miss Dowden)

R.A.A.F.
R.C.A.F.
M.C.1. (Mrs. Wyman)
B.R.C.S. (Mrs. Holden)

RECEIVED OCT 3 1945 CASUALTY SECTION

25 SEP 1945

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R56368 RANK F/SGT (PAID) WITH EFF 21-JAN-42. UNIT 69 SQDN. OVERSEAS.

TRADE W.O.A.G. (SP GR) W.O.2 (PAID) WITH EFF 1-NOV-42.

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

NAME CONWAY, JAMES LESLIE JOSEPH.

MARITAL STATUS RELIGION CANADIAN

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP

ADDRESS MRS. M.J. CONWAY (FATHER)
5716 JEANNE MANCE STREET,
MONTREAL, QUEBEC.

NAME
ADDRESS
D.A.B.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

FATHER'S NAME
ADDRESS LIVING ON ENLISTMENT

MOTHER'S NAME LIVING ON ENLISTMENT
ADDRESS

AMENDED EXTRACT RE: RANK

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.

AIR MIN KWY PCX863 d-29-~~XXXX~~ SEPT-43.

PREVIOUSLY REPORTED "MISSING" 18-FEB-43 AFTER AIR OPERATIONS (OVERSEAS)

NOW "PRESUMED DEAD" 18-FEB-43 FOR OFFICIAL PURPOSES.

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 6-DEC-44.

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

FOR CHIEF OF THE AIR STAFF

ATS-RT 4

COPY FOR C.R. FILE

27398

SPECIAL RESERVE J. A. CANADA

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
(CAN) R56368	Conway	Leslie, Joseph	R. C.

Born 6-4-18 Place Montreal Country Quebec Citizen of Canada Racial Origin Irish

ENLISTMENT	CIVIL EDUCATION		PREVIOUS SERVICE
Date 24-8-40	High School Entrance	Jr. Mat. 3 yrs. H.S. Sr. Mat.	None
At Montreal	Technical School	Corres. Courses	
Term Duration	University		

Rank	Date			Med. Cat.	Date		
AC2	24	8	40	A	24	8	40
LAC	28	11	40				
Sgt. (T)	21	5	41				

CIVIL OCCUPATIONS AND EXPERIENCE

Maintenance Man.

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.			Trade	Grp.	%	PorF	Date Rem.
Aircrew	Std			24	8	40					
W.A.G.	S			21	7	41					

PARTICULARS OF FAMILY M S D

Wife	Maiden Name	Present Address (in pencil)

Children Names	Date of Birth	Place of Birth

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

Mr Michael J. Conway, 5716 Jeanne Mance St, Montreal, Quebec. (Father)

LEAVE

From	To	Auth. and Description
21.7.41	4-8-41	Embarkation

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
31-12-41	V.G.	V/G	-	[signature] F/L for G/Capt

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date
M.O. R13	Montreal	Toronto	25-8-40
DRO 233	#1 M.D. Toronto	Trenton	30-9-40
DRO 234	Trenton	#1 I.T.S. Toronto	23-10-40
DRO 217	#1 I.T.S. Toronto	#4 E.F.T.S. Windsor	28-11-40
DRO 2	#4 E.F.T.S. Windsor	#1 M.D. Toronto	7-1-41
DRO 22	#1 M.D. Toronto	#1 E.D. Toronto	25-1-41
DRO 26	E.D. Toronto	#2 W.S. Calgary	31-1-41
" 144	No 2 WS	No 7 B&G	
	Calgary	Paulson	21-6-41
DRO 53	#7 B&G Paulson	#1 M Depot Halifax (DRO 167/41)	21-7-41

Authority	Unit from	Unit to	Date
DRO. 189	1 Y Depot	RAF TP	14-8-41
		Emb. Canada	15.8.41
		3 P.R.C.	15.9.41 91/41
102/41	3 PRC.	1 Sig Sch	24.9.41
	1 S.S.	M East.	1-1-42
	ME.	ME Pool 9/42	8-1-42
13/42	ME Pool	Helwan 10/42	31-3-42
8/42	Helwan.	Sea Rescue Flt. 9/42	20-4-42
9/42	Sea Rescue Flt.	203 Sqdn. 28/42	9-6-42
1/43	203 Sqdn	69 Sqdn	12 Dec 42
	Missing	18-2-43	BPO Malta.

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

ROYAL CANADIAN AIR FORCE

J. A. T. P. CANADA

SERVICE CONDUCT SHEET

Official No. (CAN) R56368 Name and Initials (IN BLOCK CAPITALS) CONWA Y, J.L.J. Date of Enlistment 24-8-40 Sheet No. (IN WORDS) ONE Signature and Rank of C.O. [signature] F/O (G. N. Irwin) Sqn. Ldr. Date 26-8-40

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
No. 1. Wing. No 1 Sigs Sch.	6-12-41	SGT.		W.O.A.S. absent from 1, 2, 5 and 6 instruction periods.	WO. Blake (Doc)	Severe Reprimand	9-12-41	S/LDR. F. H. MAYNARD CB, DSO, MC.			G/CAPT BPSO (?) Jan 43.
				To be carried over							

R. C. A. F. R. 72
30M—2-40 (4043)
H.Q. 1062-3-54

CONFIDENTIAL R.C.A.F. Special Reserve J. A. T. P. CANADA Intake No 1 R 56-368

R.C.A.F. M.3
50M—12-39 (3211)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal. *Date* 9/8/40 FILE NUMBER

Surname Conway *Chr. Names* James Leslie Joseph
Nature of Commission 1 *Date of Birth* 6/5/18 *Married or Single* single
Branch Air crew *Hours Flown* None.
Address 5716 Jeanne Mance

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 ..... Sleep walking up to the age of 10
(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 ..... NONE
(x) Any Illness or Injury not mentioned above ..... measles. whooping cough.

Education 4 years High. 1 Technical. night School.
Present Occupation maintenance man Hobbies fretwork, bellwalking
Previous Service none.
Athletics hockey. baseball. swimming canoe.
Habits—Smoking C. 25 Alcohol NONE
FAMILY HISTORY—Consumption NONE
Nervous Ailments, Mental Trouble, or "Fits" NONE
Father Alive—Health good. Dead—Cause
Mother Alive—Health good. Dead—Cause
Brothers (2) Alive—Health good (....) Dead—Cause
Sisters (1) Alive—Health good (....) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 9/8/40 *Signature* J. L. J. Conway *Witness* Yvonne Dupuis Capt

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique fair *(b)* Mentality average

Body Marks, Scars, Deformities freckles

Size of Thyroid Gland normal.

Surgical Abnormalities

Results of Wounds, Injuries, Operations cut scar left cheek.

	Date 9/8/40	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	67½						
Weight (lbs.)	131						*Date*
Chest Circumference (ins.)	34						
Body Build (lbs.)	137						
Leg Length (ins.)							
Pulse Rate — Sitting	72						
Pulse Rate — Standing 1st	84						
Pulse Rate — Standing 2nd	72						
Pulse Rate — After Exercise	108						
Pulse Rate — Time to Normal	30"						
Arterial Walls	N						
Blood Pressure — Systolic	122						
Blood Pressure — Diastolic	74						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	regular						
Lungs	N						
Breath held	75"						
Expiratory Force	120						
Vital Capacity (Best of 5)	225						
Reflexes — Knee	N						*Date*
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	N						
Reflexes — Plantar	flexor						
Cranial Nerves	N						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod							
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing							
Tremors — Fingers							
Tremors — Eyelids							*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	good						
Urine — Albumen	neg						
Urine — Sugar	neg						
Initials of M.O.	D.						

40 mm. Hg. Test 70" 6/7 7 7/7 7 7/8 7 7/8 7 8/7 7

Date

Date

Date

Date

Remarks by Consultant.

EYE EXAMINATION

History: nil.

Night Vision Test B'Mth.

Visual Acuity: R. 20/20, $\bar{c}$ ± 0.2 = ; L. 20/20, $\bar{c}$ =

Colour Vision: Ishihara normal.

Red, Green:

Diaphragm Test (P.D. =)

Convergence: C. = cms.; S. C. = cms.

Accommodation: R. ; L.

Cover Test:

Fundi and Media: N

Fields: N

Remarks: A 3 B.

Initials of M.O. D.

Date 9/8/40

Initials of M.O.

Date

Initials of M.O.

Date

EXAMINATION OF EAR, NOSE AND THROAT

History: nil

Hearing	R. Ear	W v 20		
	L. Ear	W v 20		
External Ear, Meatus Membranes	R. Ear	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		Clean		
Teeth		fair		
Gums		N		
Pharynx		N		
Nasopharynx		N		
Nose		patent		
Larynx		N		
Remarks:		*Initials of M.O.* D. *Date* 9/8/40	*Initials of M.O.* *Date*	*Initials of M.O.* *Date*

HISTORY OF PRESENT CONDITION

Date 10/8/40

History of sleep walking until the age of 10 whitout any other nervous troubles or recurrence since. Candidate makes a good impression and I believe him fit as an air crew.

Yvans Dupuis
Capt.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 10/8/40

Category A3B.

Yvans Dupuis
Capt.

C. T. [illegible]
Capt

AIR FORCE No. R56368

SURNAME: CONWAY

FULL CHRISTIAN NAME: LESLIE JOSEPH

ENLISTMENT/APPOINTMENT

PLACE

DATE

RELIGION: R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS	TOS	FROM	TO	DATE			AUTHORITY
		M/E					
		Middle East Pool.					
		Nelvar C/S	16/8	31	3	42	101/42.
		Sea Rescue Jet	5/1	20	4	42	8/42.
		230 Sqdn.	1/21	8	6	42	9/42.
		69 Sqdn. (M/T)	C/S 4/21	12	12	42	1/42.
		Missing (2)	230	18	2	43	CC2259
		Missing after air operation		18	2	43	AF 20 6/16

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

AIR FORCE No. R56368

SURNAME: CONWAY

FULL CHRISTIAN NAME: LESLIE JOSEPH

ENLISTMENT/APPOINTMENT
PLACE
DATE

RELIGION: R.C.

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

R.C.A.F. FORM R230
100M-3-43 (3137)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
6. 4. 18.				

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE ✓ 4yrs.	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Maintenance Man.

PREVIOUS SERVICE

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

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: S.

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

MRS M. J. CONWAY
5716, JEANNE MARCO ST, MONTREAL, QUE. (MOTHER)

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt.	21 7 41.		W.O.A.G.		

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

R.C.A.F. Special Reserve

AIR FORCE No. R56-368 POSTED TO No 1 Manning Depot, Toronto, Ontario. TRADE (Wireless Operator, air Gunner.)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname: Conway FULL Christian Names: James Leslie Joseph
2. Present Address: 5716 Jeanne Mance St Telephone: Ca cr 7767
3. Permanent Address: 5716 Jeanne Mance St Montreal
4. Place of Birth: Montreal P.Q. Citizenship: Canadian
5. Date of Birth: April 6, 1918 ~~Married~~, Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~: Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
na			

7. Occupation: Maintainance Man 8. Religion: Roman Catholic (State denomination)
9. Languages: English (PART) French (State proficiency)
10. Next of Kin (Full Name): Mrs. Michael Conway Relationship: Mother
    " Address: 5716 Jeanne Mance St. Montreal
11. Father (Full Name): Michael, Joseph, Conway Birthplace: New Foundland
    " Address: 5716 Jeanne Mance St Citizenship: (British) Canadian
    " Occupation: Steamfitter
12. Mother (Full Maiden Name): Martha Mead Birthplace: New Foundland
    " Address: 5716 Jeanne Mance St Citizenship: Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
na						

R.C.A.F. Records Office
Rec'd AUG 30 1940
O.K. JMB C.I.B. MH
R.C. N.I. AMcD
S.L. P.A.

14. Honours, Awards, Mentions: none
15. Are you now on any Naval, Military or Air Force Reserve? No
16. Have you previously made application to join the R.C.A.F.? No If so, where? na
    When? na Result: na
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
    If so, state nature of disability: na
18. Have you ever been or are you now in receipt of a Disability Pension? No
    If so, state nature of Disability: na
19. Have you ever been convicted of an indictable offence? No If so state nature: na
20. Are you in debt? No If so, state particulars: na

13-152

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

M.C.

MH

21. Particulars of Education:

	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Public (ST Michaels)	1924	1933	
High School—Collegiate Institute, etc.	LUKE CALLAGHAN Memorial High School	1933	1936	
Technical School				
University or School other than above	1 Year at night			Advanced Mathematics
Correspondence Courses, etc.	Montreal Technical Institute	1937	1938	1st yr Electricity

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
WINDSOR BAZAAR MRS. R. LEMLIN	Messenger	1 yr	1936	Advancement
C.P. Telegraph	"	1 Summer	36	"
Federal Dept. Public Works	Maintenance work	1936	1940	STILL THERE

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Hobbies are Fretwork, Linoleum Block Printing, Leader at N.B.Y Summer School

25. Sports engaged in. State: extensively, moderately, occasionally Skiing Extensively, Baseball, Basketball, Volley Ball Moderately, Hockey, Swimming Canoeing Moderately

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

If for Ground Duties, state Air Force trade in which you wish to enlist N.A.

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. P. Bercovitch K.C	Bank Toronto Bldg	Member Parliament
Mr. D. Murie	North Branch Y.M.C.A	Secretary
Mrs. R. Lemlin	1490 ~~Sherbrooke St~~ 5550 PARK AVE	Former Employer

28. Other information that may have any bearing on this application none

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? Yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date August 1st 1940 Signature James Conway

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, James Leslie Joseph CONWAY 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 August 24th, 1940. James Leslie Joseph Conway
Signature of Recruit

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

I, James Leslie Joseph CONWAY do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date August 24th, 1940. James Leslie Joseph Conway
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, Que. this 24th, day of August 1940.

Commanding Officer, R.C.A.F. Recruiting Centre, Montreal, P.Q. — F/O — 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. 22 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? NO

James Leslie Joseph Conway
Signature of Applicant

Examiner's Remarks *re* above
B.P. 122/74 Heart Lungs abdom negative.
22/8/40 x-ray 58755 negative

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

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

2. Height 5 feet 7½ inches. 3. Weight 131 pounds.
4. Complexion fair 5. Color of Eyes blue Hair blond
6. Development {~~Good~~ Fair ~~Poor~~} 7. Chest Measurement—Full expiration 32 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 20/20 With glasses—Right –
Colour Vision Ishihara normal. 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

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 | A3B |

Any special remarks of the Medical Officers

Date 10/8/40 19

Yvan Dupuis Capt — President
[illegible] Capt — Member
Member

Ceased Training Case

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

Name: Conway Christian Names: J.G.

Number: R-56368 Rank: L AC

1. No. 4 Elementary Flying Training School, Course No. 14 From: 25-11-40 To: 16-1-41

FLYING TRAINING

2. Flying Time:-

Aircraft	Dual	Solo	Passenger	Total	Link Trainer
Finch	8.15	-----	-----	8.15	------

3. Results of Flying Tests: -- 20 Hour xxx %. 50 Hour xxx %. Instr. Fly. xxx %.

4. Ability as a Pilot Poor Pass or Fail Failed

5. Recommended for Training on T.E. or D.E. Aircraft. N.A.

6. Remarks on Flying Progress and points which require special consideration:

N.A.

GROUND TRAINING

7.

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200		Th.of Flight	100	
Airframes	200		Air Nav.	200	
Aero Engines	200	N.A.	Arm. (Oral)	200	N.A.
Signals (Prac.)	50		Quals. as an (Officer (N.C.O.	200	

Maximum Marks 1350 Marks Obtained --- Percentage --- Pass or Fail ---

Position in Class --- No. in Class ---

8. Commissioned Rank (appears suitable or unsuitable) ---

9. General Remarks (Ability, Conduct, Etc.) ---

To Proceed to No. 1 Manning Depot Toronto. S.F.T.S. N.A. Date: 8-1-41

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: JAMES LESLIE JOSEPH CONWAY (b) Reg'l. No. R56368
2. (a) Arm of service: RCAF (b) Unit: AIR CREW (c) Rank: L.A.C.
3. (a) Date of birth: APRIL 6/20 (b) Have you any dependents? NO (c) Place of residence at time of enlistment: MONTREAL PQ
4. (a) Place of enlistment: MONTREAL (b) Date of enlistment: AUG 23 RD 1940

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.): 3 YRS HIGH + 2 YRS TECHNICAL AT NIGHT — ELECTRICITY
7. If you attended a university, give name of university and standing or degree secured:
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 (b) What languages do you read well? ENGLISH

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? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: MAINTAINANCE (b) State how long you had worked at this trade or occupation: 4 YEARS
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: FEDERAL DEPT. PUBLIC WORKS Address: OTTAWA
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: FEDERAL DEPT. PUBLIC WORKS Address: OTTAWA
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.):
20. (a) Your specific occupation: MAINTAINANCE (b) Number of years' experience at this occupation with any employer: 4 YRS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? ✓ (c) Do you wish to return to your former employment? NO

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?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (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.):
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: REMAIN IN SERVICE AS R.C.A.F. PILOT

DATE: JUNE 16 th 1941 194..... SIGNATURE: James Conway

R... ...rds Office
Rec'd JUN 26 1941
O. K. .... C I B ....
R. C. 1088 .... N I ....
S. L .... P. A ....

R.C.A.F. Special Reserve

R.C.A.F. Special Reserve

Interview Report

Air Crew

Air Gunner

SURNAME	CHRISTIAN NAMES IN FULL	
Conway	**James Leslie Joseph**	Age **22** Height **5'8"** Weight **138** Single

ACADEMIC STANDING:

Equivalent to 3 years of High.

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

N.A.

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

Diploma og Gymnasium leader

SPORTS:

EXTENSIVELY: **Skiing**
MODERATELY: **Baseball Basketball**
OCCASIONALLY: **Hockey Swimming Canoeing.**

HOBBIES:

Fretwork
Linoleum Block Printing

APPEARANCE HEALTHY-SLENDER
MEDIUM-
CLEAN -

Ordinary

DRESS: -CONSERVATIVE
CLEAN AND
NEAT-

INTELLIGENCE: - DELIBERATE -
ORGANIZED-

PERSONALITY: -CONFIDENT-
-MATURE-
PLEASANT-

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

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

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

Well recommended

SUMMARY OF ALL OF THE ABOVE:

Average type of young man, Organized, Quiet mannered.
Keen to join, and anxious to go overseas.

Recommendable.

R.C.A.F. Records Office
Rec'd AUG 30 1940
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

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

Aug Ist 40. **For.**

AVERAGE
(Strike out words not applicable)

RECOMMENDED FOR:

Air Gunner

DATE: RECRUITING CENTRE: SIGNATURE OF OFFICER: **J.V. Sorsoleil.F.L.**

A.F.M.5

To be made out in duplicate

R.C.A.F. Special Reserve J. A. T. P. CANADA

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank James Leslie Joseph CONWAY
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank (CAN) R56-368

(3) Unit ROYAL CANA DIAN 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. Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

Jm

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

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

(11) Is your father alive? YES.

If so, state name and address, occupation Michael Joseph CONWAY

5716 Jeanne Mance St., Montreal, Que. Steamfitter.

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

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

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

(14) Is your mother alive? YES.

If so, state name and address Martha ~~Marie~~ CONWAY

5716 Jeanne Mance St., Montreal, Que.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NO

This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

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

(18) Are you insured? YES.

If so, in what Company? ~~Montreal~~ Life Ass. Co.

LONDON (Give number of policy)

Have you made arrangements for payment of your Insurance Premium? YES.

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

James Leslie Joseph Conway
(Signature of officer or man)

Date August 24th, 1940.

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

Date August 24th, 1940.

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: CONWAY (*Block letters*)

Given names: JAMES LESLIE

Do not write in this space

4. RESIDENCE

Street: Jeanne Mance Street No. 5716

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 6th (Day) 1918 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	24			....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: Feb.18/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Conway, Michael	Nfld.
MOTHER (Maiden Name)	Mead, Martha	Nfld.

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 18th (Day) 19 43 (Year)

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

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

24. CAUSE OF DEATH

I

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

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

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease ....days

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide (State which): Accident Date: February 18th 19 43

Manner of injury (How sustained): Presumed killed during air operations

Nature of injury:

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

Signed: ....M.D.

Address: Date: ....19....

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

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

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

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

(Voir l'autre côté pour le français)

J. A. T. P. CANADA

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname.....Conway..... Christian Names.....J.L.J.....

Number.....(CAN) R56368..... Rank.....LAC.....

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 Wireless School to Bombing and Gunnery School.

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, the duplicate 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 and the original is to be placed on the pupil's personal file.

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

WIRELESS TRAINING

1. No. 2..... Wireless School. Course No.....10... To..23-6-41... From.....3-2-41

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator.....25.....hours.

(b) In Flying Classroom, listening watch.....7.35.....hours.

(c) In 2-seat aircraft as sole operator.....6.10.....hours.

R.C.A.F. Records Office
Rec'd. OCT 4 1941
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. I. ..... P. A. .....

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

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

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	..32...	Signals Organization....	150	...118...
Radio Equipment.....	250	..126....	Armament.....	100	...72..
Morse (buzzer and lamp).	200	..190....	Drill and P.T.....	50	...36..
Procedure.....	200	..118....	TOTALS.....	1000	..692..

Maximum Marks, 1000. Marks Obtained 692 Percentage 69.2 Pass or Fail ..Pass.....

Position in Class.....153..... No. in Class.....191.....

5. Date authorized to wear Wireless Operator's Badge.....23-6-41.....

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—

Not Selected

E. R. Curen G/Capt.
Officer Commanding
No. 2 Wireless School

Date 20-6-41

To be passed to No. 7 B. G. S.

PART II

ARMAMENT TRAINING

1. No. 7 B. G. S. Course No. 10

2. Dates of Courses:— From 23-6-41 To 20-7-41

AIR TRAINING

GUNNERY

3. *Flying Time:—*

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Battle				14 25

4. *Air Gunnery Results—* Average percentage hits to rounds fired

(*a*) Beam Test 6 %

(*b*) Beam Relative Speed Test 6 %

(*c*) Under Tail Test 16 %

5. *Total Rounds Fired—*

Ground 777 %

Air to Ground 365 %

Air to Air 1575 %

6. *Assessment—* Marks Obtained

(*a*) Written Examination (100 Marks) 67

(*b*) Practical and Oral Examination (100 Marks) 68

(*c*) Ability as Firer (250 Marks) 174

(*d*) Qualities as an N.C.O (150 Marks)

Totals (600 Marks) 309

7. Position in Class 37 No. in Class 65 Pass or Fail P

8. Date authorized to wear Air Gunner's Badge 20-7-41

9. Comments on suitability for Commissioned Rank Not Selected

10. Remarks Average a hard worker

B Godson Flt
Chief Instructor
No. 7 B. G. S.
JUL 23 1941
Date

PART II—*Concluded*

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School	1000	692
Bombing and Gunnery School	600	309
TOTALS	1600	1001

12. Percentage 69 Pass or Fail P Position in Class 56

No. in Class 65

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

14. Remarks

Cameron

Officer Commanding

No. 7 B. G. S.

JUL 23 1941

Date

AIR FORCE No. R56368 | Conway (SURNAME) | James Leslie Joseph. (FULL CHRISTIAN NAME) ✓

ENLISTMENT/APPOINTMENT

PLACE

DATE

RELIGION R.C.

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
	Middle East Pool.				
	Helwan O/S 16/8	21	3	42	101/42.
	Sea Rescue Flt 5/1	20	4	42	8/42.
	230 Sqdn 11/21	8	6	42	9/42.
	69 Sqdn (ME) 7/3	12	12	42	1/43.
Missing after Air Ops.		18	2	43	AFRO 616
	Presumed dead	18	2	43	CR 380.
TOS	R.C.A.F. N.E. Unit	1	5	43	RCAF NEU 2/43.
SOS	R.C.A.F. Nallnt PD	1	5	43	RCAF NEU 4/43.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

AIR FORCE No. R56368

Conway — SURNAME

James Leslie Joseph — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE

DATE

RELIGION: R.C.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
6.4.18				

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

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

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt.	21 7 42		WO/AG.		
T/F.Sgt.	21 1 42	AFRO. 1/44.			
T/WO II	1 11 42				

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

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

Official No. CAN/R 56368 Name CONWAY, LESLIE JOSEPH Rank T/Sgt.
(In full in block capitals, surname first). (Or acting appointment) —

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

Date of Birth 6.4.18. Religion R.C. Occupation in Civil Life Maintenance Man.

Last Enlisted 24.8.40 Current Engagement D of W.

If a member of the Auxiliary Air Force

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

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

Mother Mrs M Conway 5716 JEANE MANCE ST., MONTREAL, QUEBEC.

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).

(If this person is the legal next of kin, it is only necessary to insert here " Next of Kin.")

N.O.K.

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.
7 B.G.S. Paulson	1 M. Depot. Halifax	22.7.41	Enlisted	AC2. Aircrew "Std"	24.8.40
14 P. Halifax	RAF. TP. Emb.	14.8.41		Reclass LAC	28.11.40
	Canada	15.8.41		Promn T/Sgt WO/AG "Sb"	21.7.41
	3 P.R.C	15.9.41	10R 13/43	Examined by CTTB for remustering WOAG Grade I. Obt. 61%	
3 P.R.C.	1 Sig S	29.9.41			
No. 1 SIGNALS SCHOOL	M. EAST.	1.1.42		Remustered WOAG Grade I	3.2.43
M. EAST.	MEPOOL 98/42	8.1.42			
43/42 MEPOOL	HELWAN SEA RESCUE	31.3.42			
T.C. Helwan	Flight	20.4.42			
Sea Rescue Flight	203 Squadron	8.6.42			
203 Squadron	80/42 69 Squadron	12.12.42			
Reported missing -	12/43.	18.2.43.			

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.

K. & H., Ltd. R5738/8/41

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	VG	W.Op/AG(2)	ON STRENGTH FOR TRAINING ONLY				31/12/41	[illegible] S/L
Sgt.	V.G.	W/Op AG	On Strength for Disposal only				31.3.42	[illegible] F/Lt
Sgt.	V.G.	W/Op (AG)	On strength for disposal only				20.4.42	[illegible] P/O
Sgt.	V.G.	W/Op/AG	Sat.	-	Sat.	Rec.	8.6.42	G. Wright. F/Lt
T/Sgt.	V.G.	W.O./AG (i) (ii)	Sat	-	-	Recd.	12.12.42	[illegible] W/Cdr
SGT.	VG	WOp AG	On strength less than a month.				31.12.42	[illegible] W/Cdr
SGT	VG	WOp AG.	Sat	Sat	—	—	18.2.43.	[illegible] S/LDR

POR 51/42 25.9.42 - 8.10.42 (14 days leave) No Rly Warrant issued. [illegible] P/O 203 Sqdn.

POR 69/41 18.10.41 to 26.10.41 (9 days Priv) Rail Warrant Issued. [illegible] W/O

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.

J. A. T. P. CANADA

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname.....Conway..... Christian Names.....J.L.J.....

Number.....(CAN) R56368..... Rank.....LAC.....

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 Wireless School to Bombing and Gunnery School.

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, the duplicate 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 and the original is to be placed on the pupil's personal file.

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

WIRELESS TRAINING

1. No. 2..... Wireless School. Course No.....10..... To..23-6-41... From.....3-2-41.

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator.....25.....hours.

(b) In Flying Classroom, listening watch.....2:35.....hours.

(c) In 2-seat aircraft as sole operator.....6.10.....hours.

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

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

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	..32..	Signals Organization....	150	...118...
Radio Equipment.....	250	..126...	Armament.....	100	...72...
Morse (buzzer and lamp).	200	..190...	Drill and P.T.....	50	...36...
Procedure.....	200	..118...	TOTALS.....	1000	..692..

Maximum Marks, 1000. Marks Obtained 692 Percentage 69.2 Pass or Fail....Pass.....

Position in Class.....153..... No. in Class.....191.....

5. Date authorized to wear Wireless Operator's Badge.....23-6-41.....

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—

Not Selected

E. R. Owen G/Capt

Officer Commanding

No. 2 Wireless School

Date 20-6-41

To be passed to No. 7 B. G. S.

PART II

ARMAMENT TRAINING

1. No. 7 B. G. S. Course No. 10

2. Dates of Courses:— From 23-6-41 To 20-7-41

AIR TRAINING

GUNNERY

3. *Flying Time:—*

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Battle				14 25

4. *Air Gunnery Results—*

Average percentage hits to rounds fired

(*a*) Beam Test .... 6 %

(*b*) Beam Relative Speed Test .... 6 %

(*c*) Under Tail Test .... 16 %

5. *Total Rounds Fired—*

Ground .... 777 %

Air to Ground .... 365 %

Air to Air .... 1575 %

6. *Assessment—*

		Marks Obtained
(*a*) Written Examination	(100 Marks)	67
(*b*) Practical and Oral Examination	(100 Marks)	68
(*c*) Ability as Firer	(250 Marks)	174
(*d*) Qualities as an N.C.O	(150 Marks)	
Totals	(600 Marks)	309

7. Position in Class 37 No. in Class 65 Pass or Fail P

8. Date authorized to wear Air Gunner's Badge 20-7-41

9. Comments on suitability for Commissioned Rank Not Selected

10. Remarks Average a hard worker.

R. Jodson F/LT

Chief Instructor

No. 7 B. G. S.

Date JUL 23 1941

PART II—*Concluded*

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School	1000	692
Bombing and Gunnery School	600	309
TOTALS	1600	1001

12. Percentage 69 Pass or Fail P Position in Class 56

No. in Class 65

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

14. Remarks

Cameron

Officer Commanding

No. 7 B. G. S.

Date JUL 23 1941

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
15M-11-40 (8336)
H. Q. 1062-2-126

Individual Record of Flying

J. A. T. P. CANADA

RANK LAC NO. (CAN) R.56368 NAME Conway, J.L.J.

UNIT	PERIOD ENDING	SERIAL No.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	Mins	2ND PILOT (B) Hrs	Mins	DUAL (C) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	Mins	2ND PILOT (E) Hrs	Mins	DUAL (F) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	Mins	2ND PILOT (H) Hrs	Mins	DUAL (J) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	Mins	2ND PILOT (L) Hrs	Mins	DUAL (M) Hrs	Mins	CREW DUTIES OBSERVER (N) Hrs	Mins	AIR GUNNER (O) Hrs	Mins	OTHER Wireless (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
No. 2 W/S																																				
June 3/41																															9	10	1	00	10	10
No. 7 B+G 30-6-41																													2	30				50	3	20
No. 7 B+G 7-7-41																													2	12				43	2	55
No. 7 B+G 14-7-41																													3	21			1	04	4	25
No. 7 B+G 21-7-41																													2	50				55	3	45
																																			14	25

TRADE TEST CARD.

For Airmen and Recruits.

For examination under K.R.& A.C.I. 498, 499 & 504 (9).
For examination under K.R.& A.C.I. 500 and 485 (4).
For report under K.R.& A.C.I. 393.

No. R.56368 Surname (in BLOCK LETTERS) CONWAY (initials) T. L. J. Rank SGT.
Unit and Command Group 69 Sqdn. Medtn. Date prom. to present rank 20 JULY 1941
Present Trade W.O./A.G. Group AC. Age 24 YRS.

Recommended for Regrading to Grade I.
Signature [illegible] W/Cdr for Officer Commanding, R.A.F. Station, Luqa. 69 Squadron
Date

Results of Local or Central Trade Test Board Exam.

Date of written test
or date of Recommendation
Date of Examination 3/2/43 Where examined LUQA R.A.F STATION

All Airmen except Senior N.C.Os.		Senior N.C.Os.		Recommended by Board to be :-
Part. Vide AP.1112.	Marks.	Part.	Marks.	Regraded WOAG I
Part. I.		~~Allied Test.~~		Enlisted as :-
Part. II.		Trade Test.		Promoted to :-
Part. III.		Part. II. SIGNALS	60%	Remustered to :-
Part. IV.		Part. III. ARMAMENT	62%	Reclassified to :-
Part. V.		Part. IV.		FAILED.... in Part(s)
Part. VI.		Part. V.		
TOTAL...		TOTAL...		
Aggregate %		Aggregate %	61%	

Particular attention is drawn to A.P.1112. Part. II. Section I. Para. I (viii).

Remarks by President of Board:

Signatures:-
President:-
Member :- [illegible]

Remarks by C.O. of Airman's Unit: Regraded WOAG I. [illegible] S/LDR.

Member :- [illegible] P/O

Date :-

J. A. T. P. CANADA

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. (CAN) R.56368 NAME AND INITIALS CONWAY, J.L.J. (IN BLOCK LETTERS) DATE OF ENLISTMENT 24-8-40

SHEET No. ONE (IN WORDS) SIGNATURE AND RANK OF C.O. [signature] F/O (G.N.Irwin) Squadron Leader DATE 26-8-40

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
				CERTIFIED NO FURTHER ENTRY	[signature]			Adjt. 3 P. RC	26 SEP 1941
No.1 Wing No.1 Signals Sch.	6-12-41	Sgt	-	W.O.A.S. Absent from 1, 2, 5 & 6 Instruction periods	W/O Blake (Doc)	Severe Reprimand	9/12/41	S/Ldr F.M. Maynard C.B., DSO, M.C.	[initials] W/O 9-12-41
				CERTIFIED NO Further ENTRY.	[signature]			W/O C.D.O. No. 1 SIGNALS SCHOOL	1 JAN 1942
				CERTIFIED NO FURTHER ENTRY		[signature] F/Lt. - M.E. Pool 31-3-42			
				Certified no further Entry	[signature]	Ho Adjt		T.C. Helwan	20.4.42.
				Certified no further Entry	G. Macalister	F/O Adjt		Sea Rescue Flight R.A.F.	8.6.42.
				Certified No Further Entry	[signature]	F/Lt. Adjt. No. 203		Sqdn. R.A.F.	12/12/42
				Certified no entry.	[signature]	F/Lt Adjt 69		Squadron RAF.	18.2.43
				To be carried over					

R.C.A.F. R. 71
25M—2-40 (4161)
H.Q. 1062—3-53

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

RC 4
AIR

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: James Leslie Joseph (CHRISTIAN NAMES) CONWAY (SURNAME)

REGISTER NO. 31859

PAYEE: Mrs Martha M. Conway,

FILE NO.

ADDRESS: 5716 Jeanne Mance Street, MONTREAL (8) Quebec.

DATE 28-10-49

SERVICE NO. XR-56368

FINAL RANK OR RATING WO.2

DATE OF TERMINATION OF OVERSEAS SERVICE 18-2-43

DATE OF DISCHARGE 18-2-43

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 909 / 30 EQUAL TO 30 COMPLETE PERIODS AT $7.50	225.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 554 LESS 9 INELIGIBLE DAYS, EQUAL TO 545 DAYS @ 25C. PER DAY	136.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 4.35	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ $	
TOTAL $ 5.60 ×7 = $ 39.20	
NO. OF DAYS 554 / 183 ×$ 39.20	
	118.67
D. WAR SERVICE GRATUITY	479.92
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	479.92

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ _____ OF $ NIL =$ 479.92

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
EC	

TREASURY — CHECKED BY — DATE 3/11/49

Capt.
SERVICE REPRESENTATIVE

AIR FORCE No. R56368

CONWAY, JAMES LESLIE JOSEPH
SURNAME / FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 24-8-40

RE-ENLISTMENT — PLACE — DATE

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44(B)
50M-10-40 (7685)
H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.) T.D. & ATTACHMENTS IN RED.

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	1 M.D. Toronto	26	8	40	T.M.P. 205
S.O.S.	1 M.D. to RCAF Stn. Trenton	30	9	40	T.M.P. 233
S.O.S.	Trenton to #1 I.T.S. Toronto	23	10	40	E 255
S.O.S.	1 I.T.S. to #4 E.F.T.S. Windsor Mills P.Q.	29	11	40	1 I.T.S. 217.
S.O.S.	Windsor Mills to #1 M.D. E.I. Unit	8	1	41	4 EF 2.
T.O.S.	1 MD Toronto	9	1	41	1 MD 11
S.O.S.	1 M.D. Toronto	25	1	41	1 MD 22
T.O.S.	1 Equip Depot. Toronto Ont.	25	1	41	1 ED 21
S.O.S.	1 ED Toronto	31	1	41	1 ED 26
T.O.S.	2 W/S Calgary	1	2	41	2 WS 28
S.O.S.	2 W.S. Calgary	20	6	41	2 WS 144
T.O.S.	7 B & G. Paulson	21	6	41	7 B&S 24
S.O.S.	7 B & G.S. Paulson	22	7	41	7 B&S 53
T.O.S.	No. 1 "M" Depot. Halifax	23	7	41	EM 167
S.O.S.	1 Y Depot to RAF Trainees Pool	14	8	41	Em 189
T.O.S.	3 P.R.C. from Canada	15	9	41	RAF 45
S.O.S.	to 1 Signal School	29	9	41	RAF 45
	Att. to 1 ACD Blackpool fm. 1 S/Sch.	B/	11	41	
Att. fm.	1 S/Sch. to 5 DPC pend. post. overseas	1	1	42	RAF 4
Ceased att.	5 DPC on proceed to Pt. of Em. for Draft 3764	8	1	42	RAF 4
S.O.S.	Stn. Helwan to Sea Rescue Flt.	20	4	42	RAF 5(S)
Disembarked	Egypt fm. U.K.	8	3	42	RAF 5(S)
Arr.	M.E. Pool (awaiting disposal inst.)	8	3	42	RAF 5(S)
	Missing 6.	18	2.	43	RAF MES RAF 39/43
	Missing P 26139	18 / 21	2 / 2	43 / 43	
W.S.G.	Computed	29	9	44	
	Pres. Dead.	18	2	43	PX 863 / 29-9-43
	Cancel W.S.G.				
S.O.S.	4 EFTS Windsor Mills to #1 M.D. E.I. Unit	8	1	41	4 EF 2

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC 2	24	8	40	T.M.P. 205
L.A.C.	28	11	40	1 I.T.S. 217 / 8SF71 4874
LAC (amended)	29	11	40	4 EF 50, 9 / 8SF71
Sgt. (temp) (Pd) T4	21	7	41	7 B&S 53.
T/FS	21	1	42	A7R01
T/WO 2	1	11	42	A7R01
LAC	29	11	40	4 EF 50
LAC	28	11	40	1 ITS 217

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
10-8-40	R100	A3B	
6-4-40.	M2	A.B., A3B	

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
S.S.Q.	27-10-41	12-11-41	RAF 50, 53
1 ACD.	13-11-41	25-11-41	RAF 52:1

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew W.O. A.G.	Std	24	8	40	T.M.P. 205
WO/AG Special Group 3045		21	7	41	7 B&S 53. 1.
WO/AG	1	3.	2.	43	RAF MES 6

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
10 Air Gunners Crse.	P	21	7	41	7 B&S 53.
No 10 AG course	690	20	7	41	T 82

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
21-7-41	4-8-41			7 B&S 53

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. PRO. · OTHER · PREV. SERV. · RELIGION · PROVINCE OF ENLISTMENT · DISCHARGE · AC

AIR FORCE No. R56368 R

Conway, James Leslie Joseph
SURNAME / FULL CHRISTIAN NAMES

ENLISTMENT — PLACE: Montreal P.Q. — DATE: 24-8-40
RE-ENLISTMENT — PLACE: — DATE:
C.R. FILE NUMBER:

R.C.A.F. FORM R. 44 (B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 6-4-18 — PLACE Montreal P.Q. — CITIZENSHIP British 2

FATHER (FULL NAME) Michael Joseph Conway

BIRTHPLACE New Foundland

MOTHER (FULL MAIDEN NAME) Martha Mead

BIRTHPLACE New Foundland.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x Montreal

JUNIOR MATRICULATION " 3 years.

SENIOR MATRICULATION (1)

TECHNICAL SCHOOL Montreal 1 yr (nights

UNIVERSITY

CORRESPONDENCE COURSES

3

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

Messenger. 1 yr + 1 Summer.
Maintenance 4 years.

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Gunners Badge	7B4853	21-7-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS) —

SOLO — DUAL — PASSENGER

13. RELIGION Roman Catholic 1

14. LANGUAGES French & Eng 3

15. SPORTS Baseball, Basketball, Volley ball
Hockey Swimming Canoeing
Linoleum Block Printing.

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: Mrs Michael Conway — RELATIONSHIP Mother

ADDRESS: 5716 Jeanne Mance St, Montreal — 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.
Entitled Pst Allow.	25	1	41	1 EDJ20	Ceases fly. pay	7	1	41	4 EF. 2
Ceases to receive [illegible] from Instruction Periods	9	12	41	RA24					

Ceases fly Pay [illegible] 2

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
Duration	24	8	40						

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occupying Public Qtrs		8-1-41	1MD11
Draw rations and occ. pub qtrs		3-2-41	24828
occ pub. qtrs & draw rtns		21-6-41	7B4824
Occ pub qtrs & draw rats		4-8-41	EM167

A.P.E. 5716 Jeanne Mance St. Montreal P.Q.
22362

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) OHS

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
22-9-40	6-9-41	30-8-40				BX