R66620
WYATT
FREDRICK JOHN

AIR FORCE No. R 66620

SURNAME: Wyatt FULL CHRISTIAN NAME: Frederick John

ENLISTMENT/APPOINTMENT
PLACE: Montreal, Que.
DATE: 19-6-40.

RELIGION: Church of England.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
Aug 30/1911	Hove	England.	CANADIAN	ENGLISH.

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

HOSPITAL ORDERLY

PREVIOUS SERVICE

NONE

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

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED SINGLE

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

Mrs. A Lambkin (Mother)
10 Belgrave Square
Forkeade Sussex, Eng

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.
T/SGT (PD.)	15 MAY 44	DRO 162/41	Std GD.		
		Reg# 9	AC2. GD.	19 6 40.	
				31 5 40.	
		DRO 146	GD Std.	19 6 40	
		" 196/40	" AC1	19 9 40.	
		" 10/41	LAC.	19 12 40.	
		" 223/41	AC2.	12 8 41	
		" 223/41	Rem. from Std GD.		
			AEM	12 8 41	

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
F/EM (DRO 123)	C			14 5 42
" (" 192)	B			14 8 42
" (" 1)	A			1 1 43
F.E. (SGT) (DRO 162)				15 MAY 44

AIR FORCE No.	SURNAME	FULL CHRISTIAN NAME	ENLISTMENT/APPOINTMENT	RELIGION
R66620	WYATT	FREDERICK JOHN	PLACE MONTREAL DATE 19 JUNE 1940	C. of E.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
27.1.41	10.2.42	14	ANNUAL	
3.3.42	17.3.42	14	"	DRO 42/42
DRO 61/42	ISSUED T.W. # C 80618 / 2.3.42			
11.7.42	25.7.42	14	ANNUAL	DRO 177/42
DRO 301/42	ISSUED T.W. # C 105575 d/16.12.42			
15.9.43	28.9.43	14	ANNUAL	DRO 220/43

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE			CHARACTER	TRADE ASSESSMENT
5	12	41	GOOD	SAT.
17	2	44		C.T. (2) 49

HONOURS, AWARDS AND MENTIONS

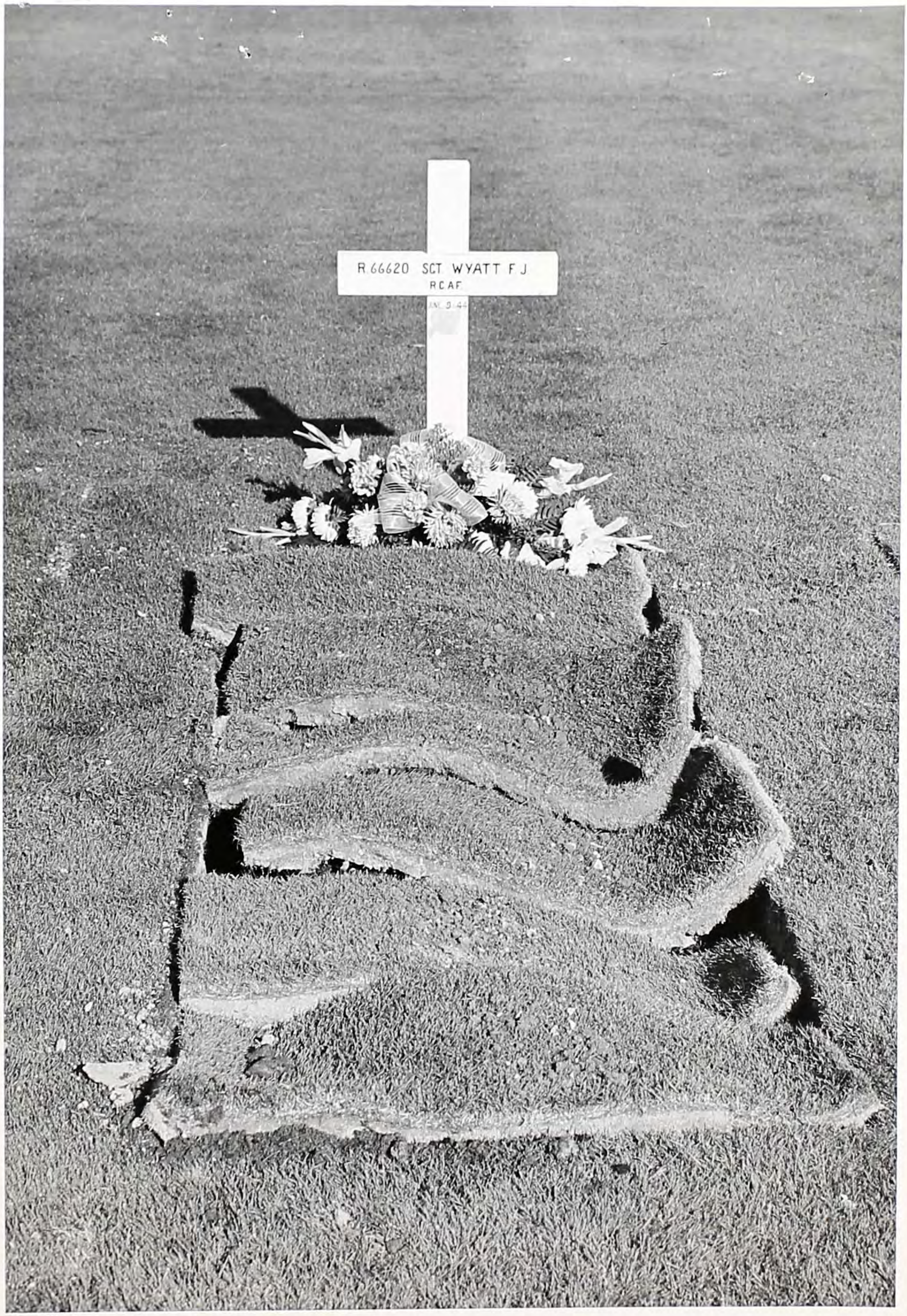
DATE			AWARD	AUTHORITY
15	JAN	44	CAN. VOL. SER. MEDAL	DRO 88/44

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE			AUTHORITY
MOR 13.	Montreal	Toronto	19	6	40	DRO 146
	#1 MD	#5 E.D.				" 161
		Moncton	8	7	40	" 96.
SOS	#3 RD	#4 Sqdn. Ucluelet	30	12	43	" 3/44.
TOS	#3 R.D.	4. ~~B.R.~~	31 ~~4~~	12 ~~1~~	43 ~~44~~	DRO 2 ~~" 3~~
SOS.	of the RCAF (SR) eff: 9 June 44. Died at Ucluelet, B.C. on 9 June 44 DRO 202					

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
MISSING AFTER AIR OPERATIONS EFF. 9-JUNE-44	DRO 141/44


R 66620 SGT WYATT F J
RCAF

R. C. A. F. PHOTOGRAPH
CROWN COPYRIGHT
RESTRICTIVE
No. JB4065 Unit 3RD

DOMINION OF CANADA

SIXTH VICTORY LOAN

This is to certify that R66620 (Number) LAC WYATT, Frederick John (Rank) (Name) 4 Squadron (Unit)

has purchased $ 100.00 XX Sixth Victory Loan 3% Bonds to be paid by six monthly pay assignments of $ 16.80 each for the months of May, 1944, to October, 1944, inclusive, and has directed that the bonds be delivered to

CANADIAN BANK of Commerce St Catherine & Metcalfe St Branch Montreal Que

(Enter either Department of Finance OR name and address of person or Bank to whom bonds are to be delivered)

after payment has been completed.

Date april 14 1944.

H Jorgensen

(Departmental Canvasser)

Communicate by letter with Chief Clerk, Employee Instalment Purchase Plan, Department of Finance, Ottawa, if it is necessary to alter the delivery instructions or to make inquiries regarding your bonds. The Department of Finance will hold bonds in safekeeping during term of service, or they may be delivered to another person or Bank, as the applicant shall direct.

In the event of the purchaser being discharged from the Service before payment is completed, he can make the balance of his payments direct to the Department of Finance, Ottawa, Canada.

If the purchaser dies before payment is completed, the amount standing to his credit in the Purchase Account will be transferred to the credit of his Service pay account.

In the event of death, bonds held for the account of any member of the Services will be delivered to the Administrator of Estates.

R.C.A.F. Special Reserve

AIR FORCE NO. R.66620 NAME OF OFFICER OR AIRMAN WYATT, Frederick John

EVIDENCE OF BIRTH

DESCRIPTION OF DOCUMENT Certified letter

NUMBER DATE June 11th, 1940

ISSUING AUTHORITY Thomas Keeley, Superintendent, Gibbs Club, Sherbrooke, Que.

SUBJECT - Self (full name) Frederick John Wyatt
~~(Surname)~~

DATE OF BIRTH Aug. 30th, 1911

PLACE OF BIRTH Hove, Sussex, England.
city, town, village, province, country.

MOTHER (Full Maiden Name) Anne Jestico

FATHER (Full Name) James Wyatt

DATE 19-6-40

CERTIFIED TRUE EXTRACT

for C. S. Geraghan
(Signature & rank)
For COMMANDING OFFICER,
R.C.A.F. RECRUITING CENTRE?
MONTREAL, QUE.

Strike out words not applicable.

JC
A.F.M. No. 10

R.C.A.F. Special Reserve

Montreal 19/6/40 G.O.

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.

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(1) Name of Officer or Soldier WYATT Frederick John
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number R.66620

(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.~~ No

(8) Have you any children? ~~N.A.~~ No

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.

(SEE OTHER SIDE).

R.C.A.F. Special Reserve

(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? No.

If so, state name and address N.A.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? N.A.

(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. Ann Lambkin

If so, state name and address 10 Belgrave Sq., Portslade, England

(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? Sun Life Insurance Co.

Have you made arrangements for payment of your Insurance Premium? No.

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.

Frederick J Wyatt
(Signature of officer or man)

Date 19-6-40

for C. S. Geurdon ...
Officer Commanding R.C.A.F. Montreal Recruiting

Date 19-6-40

Transcribed to R230

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R66620	WYATT	Frederick John	C of E

Born 30-8-1911 Place Hove Country England Citizen of Canada Racial Origin British

ENLISTMENT	
Date	19-6-40
At	Montreal, Que
Term	Duration

CIVIL EDUCATION

High School Entrance ✓ Jr. Mat. Sr. Mat.

Technical School Corres. Courses

University

PREVIOUS SERVICE

Rank	Date			Med. Cat.	Date
~~AC2~~	~~19~~	~~6~~	~~40~~		
~~AC1~~	~~19~~	~~9~~	~~40~~		
~~LAC~~	~~19~~	~~12~~	~~40~~		
AC2	12	8	41		
AC1	14	5	42		
LAC DRO 201/42	14	8	42		

CIVIL OCCUPATIONS AND EXPERIENCE

Hospital Orderly

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.			Trade	Grp.	%	PorF	Date Rem.		
Std G.D	—	—	P	19	6	40	DRO 1/43 AEM	A	80	P	1	1	43
A.E.M.	Std	—	P	12	8	41							
AEM	"C"		DRO 123/42	14	5	42							
AEM	"B"		DRO 192/42	14	8	42							

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)

Mrs. A. Lambkin, (Mother)
10 Belgrave Sq.
Portslade Sussex
England.

LEAVE

From	To	Auth. and Description
27-1-41	10-2-41	(14) Annual
3-3-42	17-3-42	D.R.O 42/42 ANNUAL
D.R.O 6/42	Issued T.W.	No C80618, 2-3-42
11-7-42	25-7-42	DRO177/42 Annual.
DRO 301/42	Issued TW C105515 d/14 Dec/42	
15/Sept/43	28/Sept/43	(14 days) Annual 9SF-220/43

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
5-12-41	Good	Sat	—	[illegible] F/O

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date
MO R13	Montreal	Toronto	19-6-40
DRO 161	Manning Pool	#3 Equip.	
	Toronto	Moncton	8-7-40
Musketry	Comp. Rifle Range practice at 25 yds June/41		
DRO 223/41	Remustered from Std GD To Aero Engine Mechanic		12-8-41
DRO 289 5/12/41	#5 Equip. Moncton	#9 SFTS Summerside	5-12-41
DRO 175/42 On T.D to #1 GRS S'side PEI			6-7-42 Ceased to be on T.D on returning to #9 SFTS Centralia 9-7-42
DRO 6/43 Entitled to draw crew pay eff 1 Jan/43			

Authority	Unit from	Unit to	Date
DRO 28/43 Ceases to draw crew pay eff.			31 Jan/43
DRO 32/43 On T.D to Petrolia Ont at 0940 hrs			31 Jan/43
Returned at 2000 hrs 5 Feb/43.			
9SF 146/43. Ent to draw flying pay			24 May/43
9SF 150/43 Adm. to Station Hosp.			23 June/43
9SF 155/43 Disch from Sta. Hosp.			26 June/43
9SF 159/43 Ent to draw flying pay			11 June/43
9SF 176/43 Forfeits pay (AWL) from 1606 hrs			20 July/43 to 1330 hrs 20 July 43 (1 day)
9SF 247	9SFTS	9BCG	16/Oct/43
Entitled to draw continuous flying pay eff. 7/Nov/43 - DRO 270			

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

(OVER)

7 RO 286 T.D to AES	Montreal		26 Nov 43				
286 Cease	east flying	pay	26 Nov 43				
299 Ceases TD	AES Montreal		10/12/43				
299 SOS	9 Bres	3 R.D	11/12/43				
	Mont Joli	Vancouver	BC				
	Command	Posting					
DRO 3 TOS 3 R.D. to	4 Sqn	Ucluelet	31 Dec 43.				

Form SR-14 PREPARE IN DUPLICATE

FIGHTING SERVICES SIXTH VICTORY LOAN

Fully-Paid, or Official Monthly Savings Plan Application Form

To, Bank of Canada, fiscal agent of the Government of Canada:

I hereby agree to purchase bonds of the Sixth Victory Loan, as designated below, and to make payment therefor in accordance with the terms of the official prospectus of the loan.

Wyatt. (Surname) Frederick, John. (Christian Name) LAC. (Rank) Official / Regimental No. R66620

UNIT OR ESTABLISHMENT RCAF Uchulet B.C. ~~NAVY~~ ~~ARMY~~ - AIR (Strike out words not applicable)

ADDRESS TO WHICH ACKNOWLEDGMENT TO BE MAILED R66620 Lac. Wyatt. F. J. R.C.A.F. Uchulet. B.C.

HOME ADDRESS

	MATURITY	FULLY-PAID APPLICATION	MONTHLY SAVINGS PLAN APPLICATION
AMOUNT (par value)	3% Bonds due 1960	$ 50	$

(Separate forms should be used for fully-paid and Monthly Savings Plan applications by the same purchaser)

BANK, TRUST OR LOAN COMPANY

Delivery of the bonds is to be made through: Canadian Bank of Commerce. (Name of Bank, Trust or Loan Company)

St. Catherine and Metcalf, Montreal, Que. (Branch and Address)

in the manner indicated by my *Signature* in one of the following rectangles:

METHOD OF DELIVERY

I will take delivery at the office of the above-named Bank, Trust or Loan Company at an early date.	
I hereby authorize the above-named Bank, Trust or Loan Company to deliver the within-described bonds to: (Name) (Address) (Telephone No.)	
I hereby authorize the above-named Bank, Trust or Loan Company to deliver the within-described bonds for my account to the Department of Finance, Ottawa, to be held in safekeeping.	
I hereby authorize the above-named Bank, Trust or Loan Company to hold the above bonds in safekeeping at my expense.	Fred J. Wyatt

METHOD OF PAYMENT

The purchaser must indicate the desired method of payment by *Initialling* in the appropriate rectangle. If a cheque for the initial payment is attached to a Monthly Savings Plan application and the subsequent payments are to be debited to the purchaser's account, then the purchaser should initial in both 1 and 3.

Cheque attached in favour of the Receiver General of Canada in full or partial payment.	1. FJW
Will arrange with above-named Bank, Trust or Loan Company.	2.
The above-named Bank, Trust or Loan Company is hereby authorized to debit my Current/Savings Account with required payments as due on my Monthly Savings Plan application. Account No.	3.

FORM AND DENOMINATIONS OF BONDS DESIRED

Bearer Bonds with coupons attached	x $1,000	x $500	x $100	x $50
★Registered only as to principal (coupons attached)	x $1,000	x $500	x $100	/ x $50
★Registered as to both principal and interest	x $5,000	x $1,000	x $500	

★ *Important*—If registered bonds desired, complete the registration instructions on the reverse hereof.

Date May. 12 1944 Fred J. Wyatt (Signature of Purchaser)

ACKNOWLEDGMENT BY BANK, TRUST OR LOAN COMPANY

To (Number, Rank and Name of Purchaser) (Address)

Your application for $ 3% Sixth Victory Loan Bonds has been received at this office and, in accordance with your instructions, the bonds

☐ have been delivered to (Name) (Address)

☐ are being held in safekeeping for your account; ☐ are being held by us awaiting your call at an early date;

☐ will, upon completion of Monthly Savings Plan Payments, be delivered and/or held as instructed.

Date 1944 (Bank, Trust or Loan Company)

AFFIX STAMP 3c. to $100 6c. over $100

CHEQUE

ACCOUNT No. 1944

PAY to the credit of the RECEIVER GENERAL OF CANADA the sum of

DOLLARS $

To (Name of Bank, Trust or Loan Company)

(Branch and Address) (Signature)

ACKNOWLEDGMENT OF APPLICATION — SIXTH VICTORY LOAN

The undersigned has received from R66620 Lac Wyatt. F. J.

an application for $ 50 3% Sixth Victory Loan Bonds which will be forwarded, for completion as designated thereon, to

Canadian Bank of Commerce. St Catherine and Metcalf. Montreal Que. (Name and Address of Bank, Trust or Loan Company)

Date May 12 1944 Preserve this Acknowledgment SEE OTHER SIDE (Canvasser)

REGISTRATION INSTRUCTIONS

The following are the types of registration which may be used:—

(i) In the name of one person; e.g., John Smith (in the case of a married woman *her* own Christian name—not her husband's—must be given; e.g., Mary Smith).

(ii) In the names of two or more persons jointly; e.g.,
(1) John Smith and Mary Smith.
(2) John Smith, Mary Smith and James Smith.

(iii) In the names of two or more persons jointly and the survivor or survivors of them; e.g.,
(1) John Smith and Mary Smith and the survivor of them.
(2) John Smith, Mary Smith and James Smith and the survivor or survivors of them.
(NOTE.—The words "or either or survivor" must not be used in registrations of this or any other type.)

(iv) In the names of corporations, societies, lodges, etc. Such registrations should not include the names of officials, as these officials may be continually changing; e.g.,
(1) The Maple Creek Development Co. Limited.
(2) The Law Society of Saskatchewan.
(3) Greenwood Lodge No. 100, I.O.O.F.

(v) In the names of executors, administrators or trustees of estates; e.g., John Smith, Executor of the Estate of Mary Smith.

(vi) In the name of a Trustee for a minor, or a Guardian for a minor; e.g., John Smith, Trustee for Mary Smith, minor.

NOTE.—Bonds registered ***in the names of children under 12 years of age cannot be discharged from registry*** without supplying the authority of a duly appointed guardian of the minor's estate together with a duly authenticated copy of the guardian's appointment. For this purpose parents are not considered to be guardians unless appointed by the Court. The signature of a child between the ages of 12 and 16 years, when accompanied by that of his parents or guardian, is acceptable for transfer purposes.

.....
(Print full name. Omit titles and prefixes, e.g., Mr., Mrs., or Miss)

.....

.....
(Give complete and correct postal address above)

Registration instructions approved.....
To be signed by purchaser ***only*** *if bonds are to be registered in a name other than that of the purchaser.*

RECEIPT FOR BONDS

I hereby acknowledge receipt of the within-described bonds of the Sixth Victory Loan.

Serial numbers of bonds .....

.....

....
(Date) (Signature)

This panel is for the use of the Bank, Trust or Loan Company only.

Account Number

RECORD OF MONTHLY PAYMENTS

DATE	AMOUNT	
Par value purchased		
1st Pay't		
Balance		
2nd Pay't		
Balance		
3rd Pay't		
Balance		
4th Pay't		
Balance		
5th Pay't		
Balance		
6th Pay't		

Schedule of Monthly Savings Plan Payments per $100 Bond . . .

On Application—$10.00; on 1st June, 1944—$18.00; on 3rd July, 1944—$18.00; on 1st August, 1944—$18.00; on 1st September, 1944—$18.00; on 2nd October, 1944—$18.64.

The last payment on 2nd October, 1944 covers the final payment of principal plus ·64 of 1% representing interest accrued to the due dates of the respective payments. On completion of the above payments, the purchaser will receive bonds in the form specified. The amount of the first coupon or interest cheque will represent the interest from 1st May, 1944 at the full rate payable on the bonds. Interest will be charged on overdue payments.

REMITTED TO THE BANK OF CANADA
FOR CREDIT OF
RECEIVER GENERAL OF CANADA

The purchaser will in due course receive an acknowledgment from the Bank, Trust or Loan Company through which delivery has been designated advising that delivery of the bonds has been made in accordance with instructions in the case of fully-paid applications, or advising that delivery will be made as instructed upon completion of payments in the case of Official Monthly Savings Plan applications.

SCHEDULE OF MONTHLY SAVINGS PLAN PAYMENTS PER $100 BOND:

ON APPLICATION—$10.00; on 1st June, 1944—$18.00; on 3rd July, 1944—$18.00; on 1st August 1944—$18.00; on 1st September, 1944—$18.00; on 2nd October, 1944—$18.64.
The last payment on 2nd October, 1944 covers the final payment of principal plus ·64 of 1% representing interest accrued to the due dates of the respective payments. On completion of the above payments, the purchaser will receive bonds in the form specified. The amount of the first coupon or interest cheque will represent the interest from 1st May, 1944 at the full rate payable on the bonds. Interest will be charged on overdue payments.

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) WYATT FREDRICK JOHN OFFICIAL No. R-66620

(1) DATE OF BIRTH Aug 30-1911 AGE ON ENTRY INTO R.C.A.F. 28 years 315 days.

PLACE OF BIRTH (Parish) HOVE (Town or County) England

OCCUPATION IN CIVIL LIFE Hospital Orderly

TRADE IN ROYAL CANADIAN AIR FORCE Standard General Duties

RELIGIOUS DENOMINATION 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
19-6-40	28	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. A. Lambkin (Mother) 10 Belgrave Sqn. Portslade, Sussex, Eng.

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	4	33 1/2	BROWN	BLUE	FAIR	NIL
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

5M—2-40 (4160)
H.Q. 1062-3-58

(8) Movements and Casualties

Departure Authority	Unit FROM which	Unit TO which	Date of effect	Arrival Authority confirming
MD. R. 13	MONTREAL #1 Man dep	TORONTO #5 Equip dep	19-6-40	DRO 146
DRO 161	Toronto	Moncton	8-7-40	D.R.O. 96

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 109 31-5-40	AC.2 Gen Duties Std	19-6-40
DRO 146	Gen. Duties Std.	19/6/40
DRO 196/40	GD (Std.) "AC-1"	19/9/40.
" 10/41	LAC	19-12-40.
DRO 223/41	AC.2	~~N~~-12-8-41
" 223/41	Remustered from Std G.D. to Aero Engine Mechanic eff. 12-8-41	

(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				
						DATES		
Authority	Description and Place	Degree of Proficiency and class of Certificate awarded	Date	Authority	CAUSE	From	To	Number of Days
	Completed 2 hr course of instruction "Respirator" Drill, including Gas Chamber Test				Transcribed to R230.			

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

Authority	NATURE	Date of Effect

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

1. PLACE OF DEATH
Name of city or place: Uclulet B.C. Name of Municipality (if any): Unorganized
Street or road: Uclulet, R.C.A.F. Station House No.
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)

In Municipality where death occurred	In Province	In Canada (if immigrant)
6 Months 9 Days	7 Months	unknown

3. PRINT FULL NAME OF DECEASED WYATT (Surname or last name) Fredrick John LAC. R66620 (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Port Slade Name of Municipality (if any): Sussex
Street or road: England House No.

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	English	English	Single	Hove England

10. Date of Birth: August (Month by name) 30th (Day) 19 11 (Year)

11. AGE

Years	Months	Days	If less than one day
33	2		hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Flight Engineer
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: R.C.A.F.
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation: 9 June 1944 **14.** Total years spent in this occupation: 4 Years

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Single

16. Name of father: Wyatt (Surname or last name) James (Given or Christian names)

17. Maiden name of mother: Lambkin (Surname or last name) Anne Jestice (Given or Christian names)

18. Birthplace:—
Father: Unknown (Province or Country) Mother: England (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at ....., this ..... day of ..... 19.....
Signature of informant ..... Relationship to deceased .....
Address .....

20. Burial, Cremation or Removal ..... Date ..... (Month by name) (Day) 19..... (Year)
Place of Burial ..... (Municipality) Cemetery .....

21. Undertaker:—
Name ..... Address .....

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH June (Month by name) 9th (Day) 19 44 (Year)

24. I HEREBY CERTIFY that I attended deceased from ..... 19.....
to ..... 19....., and last saw him alive on June 9th 19 44

I	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Multiple Fractures			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) Aircraft Accident			
	due to			
	(c) June 9/44			
II				
Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**	Body Badly Decomposed			

25. If a woman, was the death associated with pregnancy? N.A.

26. Was there a surgical operation? No Date of operation N.A. 19.....
State findings N.A. Was there an autopsy? No.

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? Aircraft Accident Date of injury June 9th 19 44
Manner of injury Aircraft Accident (State which) June 9th 1944 (How sustained)
Nature of injury Multiple Fractures
Specify whether injury occurred in **industry**, in **home** or in **public place** R.C.A.F. Training

Signed by [signature] **Designation** ~~M.D.~~, Coroner, etc.
Address ..... **Date** August 17th 19 44

28. I hereby certify that the above return was made to me at .....
Dated ..... 19..... (District Registrar)

District Registration No. .....

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at #9 S.F.T.S.Centralia, Ont. *Date* 7/6/43

FILE NUMBER
R66620

Surname WYATT *Chr. Names* Frederick, John
Nature of Commission Fl. Mech. *Date of Birth* 29/8/11 *Married or Single* Single
Branch R.C.A.F. S.R. *Hours Flown* 30 hrs.- (Passenger)
Address 20 Lawford Ave. Sherbrook, Que.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsilitis Frequent Tonsilitis- None since Tosillectomy
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 Tonsillectiomy, 1936
(x) Any illness or Injury not mentioned above NONE

Education High School- 11 Grade
Present Occupation A.E.M. R.C.A.F. Hobbies Golf
Previous Service 1
Athletics Baseball, Hockey
Habits—Smoking Moderate Alcohol Occasional glass of beer
FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health N.A. Dead—Cause "Gassed" in war 1914-18
Mother Alive—Health GOOD Dead—Cause N.A.
Brothers (2) Alive—Health (....) Dead—Cause N.A.
Sisters (2) Alive—Health (....) Dead—Cause N.A.

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

Date 7/6/43 *Signature* F J Wyatt *Witness* [signature] F/L

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique GOOD *(b)* Mentality Average

Body Marks, Scars, Deformities 1" scar 3rd. R Finger

Size of Thyroid Gland Normal average

Surgical Abnormalities NONE

Results of Wounds, Injuries, Operations NIL

	Date 7/6/43	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	64½			
Weight (lbs.)	136			*Date*
Chest Circumference (ins.)	33-35.5"			
Body Build (lbs.)	–			
Leg Length (ins.)	38.5			
Pulse Rate: Sitting	72			
Pulse Rate: Standing 1st	84			
Pulse Rate: Standing 2nd	102			
Pulse Rate: After Exercise	29sec.			
Pulse Rate: Time to Normal				
Arterial Walls	50 ft.			*Date*
Blood Pressure: Systolic	142			
Blood Pressure: Diastolic	82			
Room Temperature	68° F			
Heart: Size (in cms.)	7½ Cir.			
Heart: Sounds	clear			
Heart: Rhythm	reg.			
Lungs: Inspection				
Lungs: Palpation				
Lungs: Percussion	N			
Lungs: Auscultation				
Lungs: Expiratory Force				
Lungs: X-Ray				*Date*
Reflexes: Knee	N			
Reflexes: Ankle	N			
Reflexes: Triceps	N			
Reflexes: Abdominal	N			
Reflexes: Plantar	N			
Cranial Nerves				
	R. L.	R. L.	R. L.	
Balancing Rod				
	R. L.	R. L.	R. L.	
Self Balancing	–			
Tremors: Fingers	Nil			*Date*
Tremors: Eyelids	Fine			
Abdomen: Liver	N			
Abdomen: Spleen	N			
Abdomen: Muscular Tone	GOOD			
Urine: Albumen	–			
Urine: Sugar	–			
Initials of M.O.	[illegible]			

40 mm. Hg. Test 60- 6/778/898/877/766/ 3rd. try [illegible]

Date

Date

Date

Date

EYE EXAMINATION

History NIL

Visual Acuity R.	20/20, c -250 = 20/200 blurred		
Visual Acuity L.	20/20, c -250 = 20/200 blurred		
Colour Vision	N ISHIHARI		
Red, Green	sl. exophoria		
Diaphragm Test (P.D. = 62)	bar at 0		
Convergence C. =	7.5 cms.		
Convergence S. C. =	9.5 cms.		
Accommodation R.	8		
Accommodation L.	8		
Cover Test	No latery		
Fundi and Media	N		
Fields	N		

REMARKS:

A1B A3B

Initials of M.O [signature] *Initials of M.O* .... *Initials of M.O* ....

Date 7/6/43 *Date* .... *Date* ....

EXAMINATION OF EAR, NOSE AND THROAT

History Frequent sore throats, none since Tonsillectomy in 1936

Hearing R. Ear	W.V. 20'		
Hearing L. Ear	W.V. 20'		
External Ear, Meatus Membranes R. Ear	N		
External Ear, Meatus Membranes L. Ear	N		
Middle Ear, Eustachian Tubes R. Ear	N		
Middle Ear, Eustachian Tubes L. Ear	N		
Cochlear Apparatus R. Ear	N		
Cochlear Apparatus L. Ear	N		
Vestibular Apparatus R. Ear	N		
Vestibular Apparatus L. Ear	N		
Buccal Cavity	N		
Teeth	Healthy		
Gums	N		
Pharynx	N		
Nasopharynx	N		
Nose	N		
Larynx	N		

REMARKS:

FIT

Initials of M.O [signature] *Initials of M.O* .... *Initials of M.O* ....

Date .... *Date* .... *Date* ....

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

7/6/43

(1) History Neg.
(2) Physical examination- no abnormalities(border line B.P.)
(3) EEN&T A1B A3B
(4) Personality- fair, average intelligence
(5) A1B A3B - Suitable for Fl. Mech.

Jm Gibson F/L

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

AIR FORCE No. R66620 | WYATT (SURNAME) | FREDERICK JOHN (FULL CHRISTIAN NAMES)

ENLISTMENT — PLACE: Montreal — DATE: 19-6-40

RE-ENLISTMENT — PLACE: ______ DATE: ______

C.R. FILE NUMBER: 1022-W-867

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

RECORD OF SERVICE AIRMEN

13

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S	#1 M.D Toronto	20	6	40	1MP146
S.O.S.	#1 MD to 5 E.D Moncton N.B.	8	7	40	1MP161
SOS	5 E.D. Moncton N.B.	5	12	41	5ED289
TOS	9 SFTS Summerside PEI	6	12	41	9SF288
SOS	9 SFTS Centralia	16	10	43	9SF244
TD to #1 GRS Summerside		6/9	7	42	9SF.175
Rvc	TD 9 SF 732				
TOS	9 B&G Mont Joli	17	10	43	9B&G 252
SOS	9 B&GS Mont Joli	11	12	43	9B&G 299
TOS	3 R.D. Vancouver	12	12	43	3RD303
SOS	3 RD Vancouver	30	12	43	3RD3
TOS	4 Sqn Ucluelet	31	12	43	U.D. 2
SOS	RCAF.	9	6	44	4D202.
Died at Ucluelet		9	6	44	4D202
WSG	computed	6	10	44	
	Missing	9	6	44	
	A 98 2/	9	6	44	
	Cas / WSG				
	Killed; Body Rec	9	6	44	
	M 14	17	8	44	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	19	6	40	1MP146
AC1	19	9	40	5ED196
LAC	19	12	40	5ED16.
AC2	12	8	41	5ED223
AC1	14	5	42	9SF131
7				
L.A.C.	14	8	42	9SF201
T/Sgt Pd	15	5	44	4D162
				4D162

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.
13-6-40	R100	A	
Stn Hosp	23-6-43	26-6-43	9SF150 -155
Stn hosp	24-1-44		4D21

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
GD	S	19	6	40	
A.E.M.	S.	12	8	41	5ED223
AEM.	C.	14	5	42	9SF123
503C					
AEM.	B.	14	8	42	9SF192.
AEM.	A	1	1	43	9SF1
Flt Engineer	Spec	15	5	44	4D162

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Sat	Good	5-12-41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Recom for remust. to AEM		12	8	41	5ED TT

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
27-1-41	10-2-41	14		5ED17
3-3-42	17-3-42	14		9SF42
11-7-42	25-7-42	14		9SF177
15-9-43	28-9-43	14		9SF220

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. PRO. | RELIGION | NIR. OTHER PREV. SERV. | PROVINCE OF ENLISTMENT | DISCHARGE | AC

AIR FORCE No. R66620 R | Wyatt (SURNAME) | Frederick John (FULL CHRISTIAN NAMES)

ENLISTMENT PLACE Montreal DATE 19-6-40 | RE-ENLISTMENT

C.R. FILE NUMBER 1022-W-867

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE 30-8-11 PLACE Hove Sussex Eng CITIZENSHIP British

FATHER (FULL NAME) James Wyatt

BIRTHPLACE Hove Eng

MOTHER (FULL MAIDEN NAME) Annie Jestico

BIRTHPLACE Hove Eng.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x 2 ue.
JUNIOR MATRICULATION
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
0

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

Waiter 1 yr
Boiler Machinist 3 yrs
Hospital Orderly 1½ yrs
270 –

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

0

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
CVLM	uo 88	15-1-44

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

13. RELIGION Church of England 3

14. LANGUAGES – 1

15. SPORTS – Nil

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Mrs. A Lambkin RELATIONSHIP Mother
ADDRESS: 10 Belgrave Sq. Portslade Sussex Eng 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.
Subs allce ceases	(amended) 8 4 41	5ED84 -120			
Subs allce ceases	7 4 41	5ED120			
Forf. Pay (awl) (1 day)	20/20 7 43	987176			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	19 6 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ govt qtrs –	strs in kind	8-4-41	5ED84
Qts & strs.		6-12-41	987288
SLTW #80618		28-2-42	98761
Spec Leave TWC 105515		16-12-43	987301
APE Sherbrooke Hospital			
			26303

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
	FEB 7 '42	24-6-40				DHF XX DC X

R0066620 WYATT FREDERICK J SGT4

1 NUMBER | 9 NAME | 29 RANK

SERVICE AWARD CARD

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

	39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL (WAR)	C.V.S.M.			op wgp	
	33 34 35	36 37 38	39 40 41	42 43 44	45 46 47	48 49 50	51 52 53	54 55 56	57 58 59	60 61 62	63 64 65	66 67 68	69 70 71	72 73 74	75 76 77 78 79 80
	✓				✓					✓	✓				AWARD
											✓				AWARD AND CLASP
															APPLICATION DISPATCHED
															RIBBON ISSUED
														13/6/47	MEDAL ISSUED

247947

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

2529 23/3/50

Mrs. Annie Lamkin (mother)
10 Belgrave Square,
Portslade,
Sussex,
England.

Nov-46.

MEMORIAL BAR
DATE DESP.
REGN. NO 34134

NAME WYATT, Frederick John

FILE NO. FD168

RANK ~~XXXXX~~ SGT. F.E

CATEGORY KILLED ~~XXXXXXX PRES DEAD~~ XXXXXXXXX

REG. NO. R66620

DATE OF DEATH: 9-June-44

MOTHER LIVING: YES

WIFE: NA

MINISTERIAL CARD: 19-6-44

ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN: NOV 3 194

To Mother-

DEL'D TO MOTHER:

To mother: 6-Sept-44

DEL'D TO WIFE:

Mrs. A. Lambkin,
10 Belgrave Square,
Port Slade,
Sussex, England.

COMMAND:

RELIGION:

Am

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: Frederick John Wyatt (b) Reg'l. No. R66680
2. (a) Arm of service: Air Force (b) Unit: #5 Equip Depot. (c) Rank: L.A.C.
3. (a) Date of birth: 28/8/13 (b) Have you any dependents? No. (c) Place of residence at time of enlistment: Sherbrooke Que
4. (a) Place of enlistment: Montreal. (b) Date of enlistment: 14/6/40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 15 (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.): Grade 9.
7. If you attended a university, give name of university and standing or degree secured: N.A.
8. (a) Did you ever enter upon a trade apprenticeship? YES. (b) If so, for what occupation? Machinist. (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 3 yrs.
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?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

18. Name of employer: Superheater Company. Address: Sherbrooke
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Machine Shop.
20. (a) Your specific occupation: Machinist. (b) Number of years' experience at this occupation with any employer: 3 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No. (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? N.A.
25. (a) Were you born on a farm? No. (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? N.A.

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: Aero Engine Mechanic.

DATE 31/7/41 194 SIGNATURE Fred J. Wyatt

ffice
R.C.A.
Rec'd SEP 29 1941
C.I.B.
G.
N.I.
R.C. MBE
P.A.
S.L.

R.C.A.F. Special Reserve

G.D. STAND

AIR FORCE No. R-66620 POSTED TO MANNING DEPOT TORONTO TRADE S.TO GEN DUTIES

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1022W867

1. Surname Wyatt FULL Christian Names Frederick John
2. Present Address Sherbrooke Hospital Telephone 2800
3. Permanent Address Sherbrooke Hospital
4. Place of Birth Hove England Citizenship English
5. Date of Birth August 30th 1911 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

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

7. Occupation Hospital Orderly 8. Religion Church of England (State denomination)
9. Languages English (State proficiency)
10. Next of Kin (Full Name) Mrs A Lambkin Relationship Mother
    " Address 10 Belgrave Sqr. Portslade, Sussex England
11. Father (Full Name) James Wyatt Birthplace Hove England
    " Address (Dead) Citizenship English
    " Occupation N.A.
12. Mother (Full Maiden Name) Anne Jestico Birthplace Hove England
    " Address 10 Belgrave Sqr. Portslade England Citizenship English
13. Details of any Naval, Military or Air Force Service:

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

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

R.C.A.F Records Office
Rec'd JUL 13 1940
O.K. C.I.B.
R.C. N.I.
S.I. P.A.

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

34-108

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Public School.	1917	1925	
High School—Collegiate Institute, etc.	Grade 8.			
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Bishops College.	Waiter	1930	1931	To better myself.
Superheater Co. Ltd	Boiler Machine	1935	1938.	Slackness of trade.
Sherbrooke Hospital.	Hospital Orderly	1939		Present position.

23. Flying Experience (in Hours) Solo N.A. Dual N.A Passenger N.A

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. N A

25. Sports engaged in. State: extensively, moderately, occasionally N A

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 G Duties

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 Thompson	Superheater Co Ltd. Sherbrooke. Que	Manager.
Miss Verna Beane	Protestant Hospital Sherbrooke. Que	Superintendent.

28. Other information that may have any bearing on this application Have driven a car for 5 years.

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 June 12th 1940. Signature Frederick John Wyatt

R.C.A.F. Special Reserve

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type Good General appearance Good

Suitability for (state in what capacity) General Duties

Date 12-6-40 Signature [illegible] Rank 78

(B) *Report of Trade Test—*

Trade in which tested N a

Result N a

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, Frederick John Wyatt 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 June 19th 19 40 Frederick J Wyatt
Signature of Recruit

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

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

Date June 19th 19 40 Frederick J Wyatt
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 this 19th day of June 19 40

[illegible]
Signature of Officer

[illegible]
Rank

R.C.A.F. Montreal Recruiting
Unit

R.C.A.F. Special Reserve

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 28 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

Frederick John Wyatt.
Signature of Applicant

Examiner's Remarks *re* above .....

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 ..... 135 ..... pounds.

4. Complexion ..... Fair ..... 5. Color of Eyes ..... Blue ..... Hair ..... Light brown

6. Development { Good / ~~Fair~~ / ~~Poor~~ } 7. Chest Measurement—Full expiration ..... 33½ ..... inches

Range of expansion ..... 1½ ..... 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 .....
Colour - N. Left ..... 6/6 ..... Left .....

10. Condition of mouth and teeth ..... Healthy .....

11. Urine—Albumen ..... O ..... Sugar ..... O .....

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 .....

Date ..... 13/6/40 ..... 19 .....

President ..... Member ..... Member .....

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R66620 RANK L.A.C. UNIT 4 SQDN

UCLUELET, B.C.

TRADE U/T FLIGHT ENGINEER

NAME WYATT, FREDERICK JOHN

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

MARITAL STATUS SINGLE RELIGION C OF E CANADIAN

FRENCH CANADIAN OTHER BRITISH

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. A. LAMBKIN (MOTHER)
ADDRESS 10 BELGRAVE SQUARE
PORT SLADE, SUSSEX, ENGLAND.

NAME
ADDRESS
D.A.B. NOT SHOWN

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. A. LAMBKIN (MOTHER)
ADDRESS 10 BELGRAVE SQUARE
PORT SLADE, SUSSEX, ENGLAND

FATHER'S NAME
ADDRESS DECEASED LIVING ON ENLISTMENT NO

MOTHER'S NAME MRS. A. LAMBKIN LIVING ON ENLISTMENT YES
ADDRESS 10 BELGRAVE SQUARE
PORT SLADE, SUSSEX, ENGLAND

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. 4 SQDN UCLUELET——A98——9-JUNE-44 RE108/9-JUNE

"MISSING" 9-JUNE-44 AS A RESULT OF A FLYING ACCIDENT (UCLUELET INLET)
(SEA PATROL)

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 15-JUNE-44

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

FOR CHIEF OF THE AIR STAFF

△TS-RT 7 COPY FOR DOCUMENT FILE 15174

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

RCAF Records Officer

1. PLACE OF DEATH
Name of city or place: Ucluelet, B.C. Name of Municipality (if any): Unorganized Out.
Street or road: Ucluelet, R.C.A.F. Station House No.
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	6 Months 9 Days	7 Months	Unknown

3. PRINT FULL NAME OF DECEASED WYATT (Surname or last name) Fredrick John LAC. R66620 (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Port Slade Name of Municipality (if any): Sussex
Street or road: England House No.

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	Englaosh	English	Single	Hove England

10. Date of Birth: August (Month by name) 30th (Day) 1911 (Year)

11. AGE: Years 32 | Months 2 | Days | If less than one day ... hrs. or ... min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Flight Engineer
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: R.C.A.F.
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation: 9TH June 1944
14. Total years spent in this occupation: 4 Years

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Single

16. Name of father: WYATT (Surname or last name) James (Given or Christian names)

17. Maiden name of mother: Lambkin (Surname or last name) Anne Jestice (Given or Christian names)

18. Birthplace:—
Father: Unknown (Province or Country) Mother: England (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at ..., this ... day of ... 19...
Signature of informant ... Relationship to deceased ...
Address ...

20. Burial, Cremation or Removal ... Date ... (Month by name) (Day) 19... (Year)
Place of Burial ... (Municipality) Cemetery ...

21. Undertaker:—
Name ... Address ...

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH June (Month by name) 9th (Day) 19 44 (Year)

24. I HEREBY CERTIFY that I attended deceased from ... 19... to ... 19..., and last saw him alive on June 9th 19 44

I — CAUSE OF DEATH		DURATION Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Multiple Fractures			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) Aircraft Accident			
	due to			
	(c) June 9th 1944			
II **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**	Body Badly Decomposed			

25. If a woman, was the death associated with pregnancy? N.A.

26. Was there a surgical operation? No Date of operation N.A. 19...
State findings N.A. Was there an autopsy? No.

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? Aircraft Accident (State which) Date of injury June 9th 1944 19...
Manner of injury Airc aft Accident (How sustained)
Nature of injury Multiple Fractures
Specify whether injury occurred in **industry**, in **home** or in **public place** R.C.A.F. Training

Signed by Tom Gibson **Designation** ~~M.D.~~, Coroner, etc.
Address Tofino B.C. **Date** August 17th 19 44

28. I hereby certify that the above return was made to me at ...
Dated ... 19... (District Registrar)

District Registration No. ...

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as description of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R.66620	F/Sgt	Wyatt	Fredrick John

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE NO.	8. RELIGION
R.C.A.F. Station, Ucluelet, B.C.	9th June, 1944.	R66620	Church of England

9. CIRCUMSTANCES OF CASUALTY

Died as a result of crash of Canso 11019 at R.C.A.F. Station, Ucluelet, B.C. on 9th June, 1944.

Body recovered 17th Aug/1944

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mrs. A/une Lambkin
10 Belgrave Square
Portslade, Sussex
ENGLAND

11. LOCATION OF UNIT AT TIME OF CASUALTY

Ucluelet, B/C.

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

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Mt. View Cemetery, Abray Park R.C.A.F. Plot	33rd Ave. & Fraser.	Grave N.A. Plot N.A. Row N.A.	Plot 23 Block 3 Lot 15

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
Yes		Next of Kin R.C.A.F. Records Officer W.A.C. Vancouver

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET

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

Referre to .....
File No. 28237 R.66620
Chgd to .....

10, Belgrave Square
Portslade-by-Sea
Sussex
England.
21st. October, 1945.

Dear Sir,

I have received your letter R.66620 (R-2-1-2) dated 8th. September, 1945, regarding the War Service Gratuity of my son, R.66620, Wyatt. F.J. (deceased).

I have to inform you that there were no dependents and although my son did send me money to help my support, this was not done by way of a Service Pay allotment. However, as I am the recorded next of kin and sole beneficiary to his will, it will be appreciated that this will not materially affect the payment of the gratuity, which I request may be made to me.

I regret the unavoidable delay in replying but this has been due to an illness

I remain
Yours sincerely
pp. A. L. Rankin

C.A. RECORD OFFICE
NOV 23 1945

C815

Acknowl

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

4
AIR

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

E490-8

DECEASED MEMBER'S NAME: Frederick J. (CHRISTIAN NAMES) Wyatt (SURNAME)

REGISTER NO.: E490-8
FILE NO.: 28237
DATE: 20 Dec/45

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

SERVICE NO.: R.66620
FINAL RANK OR RATING: Sgt.
DATE OF TERMINATION OF OVERSEAS SERVICE: 9 June/44
DATE OF DISCHARGE: 9 June/44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1451 / 30 EQUAL TO 48 COMPLETE PERIODS AT $7.50	360.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 162 LESS 11 INELIGIBLE DAYS, EQUAL TO 151 DAYS @ 25C. PER DAY	37.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 3.45	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $	
TOTAL $ 4.70 ×7 = $ 32.90	
NO. OF DAYS 162 / 183 ×$ 32.90	29.13
D. WAR SERVICE GRATUITY	426.88
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	426.88

G. YOUR PORTION OF GRATUITY IS—

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

JAN 19 1946
P. A.

P. & A. Bal. Trans. Trust Account
Journal Voucher # G321

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
JLC	JS

TREASURY	
CHECKED BY	DATE
	26 12 45

SERVICE REPRESENTATIVE

ΔT

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name WYATT, Frederick, John R 66620

Rank AC.2 R.C.A.F.

Age 28 Height ~~Brown~~ 5'5" Weight 140

Hair Brown Eyes Blue Hair on face Dark

Marks, scars, etc. Scar on face of right finger

F J Wyatt (Signature of holder)

R W Kennedy. Flt Lt. (Signature of issuer)

Place #5 (E) Depot, Moncton, N.B. Date Oct. 6th. 1941

Card serial number 102964

Posted to	Date	Rank
15 FTS Centralia	9-7-42	AC1
Mont Joli	17 Oct 43	LAC
Montreal	24 Nov 43	
Vancouver	11 Dec 43	
Uclulet	30 Dec 43	