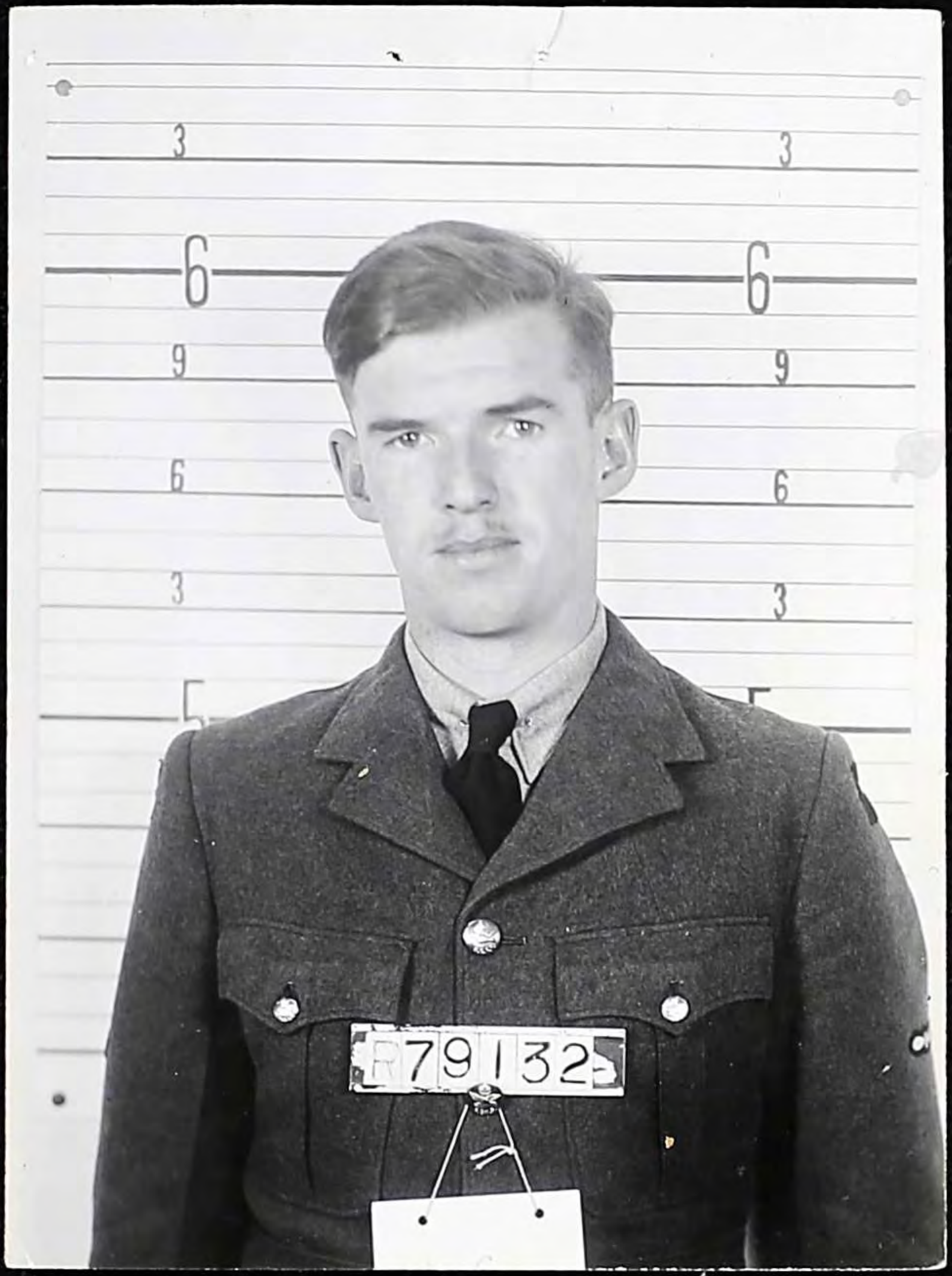
R79132
PRICE
HUBERT DOUGL


R79132

R0079132 PRICE HUBERT D F/SGT 4

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

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

PREFIX NUMBER NAME RANK CODE

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.					
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
					18	50	50								RIBBON ISSUED
				/	/								16 may 46		MEDAL ISSUED

OP wgo

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 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

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

5643. 1—11—49.

Mrs. Mary M. Price (mother)
9 Hubbard ave.,
Sherbrooke,
Que.

May-44.

MEMORIAL BAR
DATE DESP.....
REGN. NO 3348

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-P-3059

NAME PRICE, Hubert Douglas

REGT'L NO. R79132

RANK F/Sgt. Air Gunner UNIT ~~MISSING BELIEVED KILLED~~ Previously

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:	2 Oct. 42	MOTHER LIVING: YES WIFE: NA		
MINISTERIAL CARD:	16-10-42	ROYAL MESSAGE: 31-5-43 MEMORIAL CROSS:	18-6-43	
To mother		To mother To mother	23-6-43	
To mother 6-5-43				
		Mrs. Hubert Douglas Price, 9 Hubbard Ave., Sherbrooke, Que.	C. OF E. No. 3	

AIR FORCE No. R79132 R.

PRICE, HUBERT DOUGLAS
SURNAME / FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 11-2-41

RE-ENLISTMENT

C.R. FILE NUMBER

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

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 19-10-20 PLACE Sherbrooke P.Q. CITIZENSHIP British 2

FATHER (FULL NAME) Hubert Douglas Price

BIRTHPLACE Sherbrooke P.Q.

MOTHER (FULL MAIDEN NAME) Minnie Rowan

BIRTHPLACE Ireland

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X P.Q.
JUNIOR MATRICULATION
SENIOR MATRICULATION
TECHNICAL SCHOOL 3yrs. Commercial P.Q.
UNIVERSITY
CORRESPONDENCE COURSES
3

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

Shipping Clerk 3yrs.

8400

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

53rd Rgt. Sherbrooke P.Q. Pte
July 1940 to Feb 41

6.

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
A/G Badge	TBG 193 AO	8-12-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Anglican
3

14. LANGUAGES English
1

15. SPORTS Softball

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

WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE — DATE
AUTHORITY (IF AFTER ENLISTMENT)
1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Minnie Rowan Price — RELATIONSHIP Mother
ADDRESS: 9 Hubbard Ave Sherbrooke P.Q. — 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.

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	11 2 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occupying Public	Qtrs.	18-2-41.	1MD42.
Authorized to draw sub allce.		11/17-2-41	1MD118 1WS127-
Ceases qtrs.	allce.	1-8-41	1WS181
Authorized to draw sub allce			1MD175
Occ. Govt. qtrs.	& draw. rtns.	15-10-41	E249
Issued T.W.#	C16690	1-11-41	E263.
Occ. Pub. Qtrs & draw. rtns.		9-11-41	TBG166
Special T.W.#	14785-	6-12-41	TBG193AO

26303
MPC 9 Hubbard Ave Sherbrooke P.Q.
O.R.7.

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
6-3-41	✓					K. CL. ED. AL
11-12-41						

AIR FORCE No. R79132

PRICE, HUBERT DOUGLAS
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT
PLACE Montreal
DATE 11-2-41

C.R. FILE NUMBER

13

RECORD OF SERVICE AIRMEN

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.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	1 MD Toronto	18	2	41	1MD42.
S.O.S.	1 M.D. Toronto	28	4	41	1MD100
TOS	#1 W.S. Montreal (amended)	28	4	41	1WS109 1WS103
TOS	1 WS Montreal	29	4	41	1WS109
S.O.S.	1 W.S. Montreal	15	10	41	1WS247
TOS	K.T.S. Trenton Ont	16	10	41	E249
SOS	K.T.S. Trenton	8	11	41	E269
TOS	7B&G Sch Paulson	9	11	41	7BG166
SOS	7BGS Paulson	9	12	41	7BG196 7BG193AO
TOS	No 1 "Y" Depot, Halifax	10	12	41	11/313
SOS	12 Depot RAF Training Pool	7	1	42	12/20
TOS	3 PRC	21	1	42	RAF7
SOS	to 7 AGS fm 3PRC	7	3	42	RAF15
SOS	to 230 Tu fm 7AGS	5	5	42	RAF26
	MISSING.	2	10	42	RA767.

Rend NR E442

Missing 2/10 Px6498 4/10

Lost life 2-10-42. Until confirmed
Missing believed killed. Mq235 | 12 | 10 | 42

F.B. - Missing - presumed over target - "Wellington" - presumed enemy action

419 Sqn

P.D 2-10-42. ~~20/10/42~~

DEC 4 1944

A 3-2 19 20-4

WSG 25 10 44

Completed

2715

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	11	2	41	1MD42.
LAC	29	5	41	1WS130
Sgt (T) (Pd)	8	12	41	7BG193AO
T4				
T/Flt. Sgt.	1	9	42	RA766
2175	8	6	42	A7RO113

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.
17-1-41	R100.	A3B.	
Stn. Hosp.	20-3-41	26-3-41	1MD68, 73

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
H.O./A.G.	Std	11	2	41	1MD42
Air Gunner		24	10	41	E257.
A/G	S.G.	8	12	41	7BG193AO
3055					1

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Trans to Course 18		13	9	41	1WS222
Training Disc.		11	10	41	1WS245.
No 20 A/G course	P				7BG193AO
AGCo#62 Stormy Dawn	Class B 73.75%	10	4	42	RAF19

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.

R.C.A.F. OVERSEAS — ENLISTMENT MARTIAL STATUS — PRESENT MARTIAL STATUS — HIGH & TECH. SCHOOL EDUCATION — RELIGION — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. R79132

SURNAME: PRICE

FULL CHRISTIAN NAME: HUBERT DOUGLAS

ENLISTMENT/APPOINTMENT

PLACE

DATE 11-2-41

RELIGION: Ang.

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
	TOS		7 AGS	7 3 42	6/4/42 (15)
	TOS		330 TU	3 5 42	
	TOS		230 TU	5 5 42	10 7/42 26/36
	TOS		419 Sqd.	24 7 42	27/42 45/36
		Missing after Air Ops		2 10 42	1126 AFRO 1731/42
					67/41
	TOS	at 1 RAF Depot		2 10 42	16 4/42 68/119
		PRESUMED DEAD		2 10 42	AFRO 809/43 CR 303

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

8/1/42

AIR FORCE No. R79132

Price — SURNAME

Hubert Douglas — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE

DATE 11-2-41

RELIGION Ang.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
19-10-20				

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE

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

OFFICERS

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

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

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt	8 12 41				
T/F Sgt.	1 9 42				
T/F Sgt.	8 6 42	AFRO 11 3/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
#62 A.G. "B"				10 4 42

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 PRICE HUGHT DOUGLAS (b) Reg'l. No. R79132
2. (a) Arm of service RCAF (b) Unit ..... (c) Rank AC2
3. (a) Date of birth 05/19/20 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Dunlop Ont
4. (a) Place of enlistment Hamilton Ont (b) Date of enlistment Feb 11/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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 School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? —— (c) Did you finish it? —— (d) If you did not finish it, how long did you serve at it? ——
9. (a) What languages do you speak fluently? English only (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 SHIPPER (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 J S MITCHELL & CO LTD Address SUTHERLAND Ave
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) HARDWARE STORE
20. (a) Your specific occupation SHIPPER (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? YES (b) Did your employer refuse to promise you employment on discharge? No (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 Aircraft mechanic or fitting

DATE ..... 194..... SIGNATURE .....

R.C.A.F Records Office
Rec'd JUN 18 1941
O. K. ..... C.I.B. .....
R. C. S.T.M. N. I. .....
S. L. ..... P. A. .....

D.D. 2.10.42

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 79132 Name PRICE HUBERT DOUGLAS Rank T/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Air Gunner Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 19.10.20 Religion Anglican Occupation in Civil Life Shipping Clerk

Last Enlisted 11. 2. 41. Current Engagement D.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):

?

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.")

?

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

Section 1.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.
7 B.&G. Paulson	1 Depot. Halifax	9.12.41
Y.D. Halifax	RAF. TC.	7.1.42
	Emb. Canada	8.1.42.
30/42.	3 P.R.C.	21.1.42
	No. 7 A.G.S.	7.3.42
No 7 A.G.S.	No. 23 O.T.U.	5.5.42
No. 23 O.T.U. Pershore.	No. 1651 Conv. Unit	23.7.42.
1651 Con. Unit	419 Sqn.	24.7.42
Reported missing 2/10/42		

Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.

* Authority.	Description.	Date of Effect.
Enlisted	AC2, WO/AG 'Std'.	11. 2. 41.
	Reclass LAC.	29. 5. 41.
	Remus Air Gunner 'Std'.	24.10.41.
	Prom. T/Sgt, A/G 'Sp'.	8.12.41.
P.O.R. 133/42		

ATTENDED GUNNERY COURSE AT STORMY DOWN ON 10/4/42 OBTAINED 73.75% CLASS "B"
POR 96/42

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.

Wt. 23173/1099 357M 8/41 McC. & Co. Ltd. 51-994.

MSC.

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.
T/Sgt	VG	A/Gunner	ON STRENGTH	FOR		TRAINING ONLY	5/5/42	G. J. Evans P/O
T/Sgt.	V.G.	Air Gunner	On	Strength	for	Training Only	23-4-42	[illegible] F/Lt
T/Sgt	V.G.	Air Gunner	On	Strength		for training only	24-7-42	[illegible] W/Cdr
POR 155/42	Priv. Leave	10 days.	14/7/42	-	23/7/42.			[illegible]
POR 133/42	Priv Leave	7 Days	5/6/42		11/6/42	N W R 1.		[illegible]
POR 96/42	14 days	P-leave	11-4-42	–	24-4-42	RWM/O 636204.		G. J. Evans. P/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.

ROYAL CANADIAN AIR FORCE

J. A. T. P. CANADA

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
CAN R79132	Price	Hubert Douglas	Anglican

Born 19-10-20 Place Sherbrooke, Q. Country Canada Citizen of Racial Origin

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 11-2-41	High School Entrance 3 years Jr. Mat. Sr. Mat.	53 Regt. Sherbrook. Que. July 1940 to Feb. 1941 - Private
At Montreal	Technical School Corres. Courses	
Term Dur. of War	University	

RANK	DATE			Med. Cat.	Date		
AC 2	11	2	41				
LAC	29	5	41				
Sgt.	8	12	41				
(73/42) T/F/SGT	1	9	42				

CIVIL OCCUPATIONS AND EXPERIENCE

Shipping Clerk

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
Recruit training				11 10 41					
Air Gunner	Std.	O.R.O. 257		24 10 41					
Air Gunner	S.P.			8 12 41					
A/C	B.	73.75%		10 4 42					

PARTICULARS OF FAMILY M S D 5th/9

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)

LEAVE

FROM	TO	AUTH. AND DESCRIPTION

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
8-12-41			Air Gunners Badge.	

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
DRO 42/41	Aircrew	W/O A/C's	11-2-41	D.R.O. 263 Issued	S.W. # 6 K.T.S.	16650	6-11-41
M.O.F. 13	Montreal Que.	Toronto Ont.		D.R.O. 269	Trenton	#7 B&G Dalhousie	8-11-41
		#1 M.D.	17-2-41	DRO 193	#784 S.	#1 "Y" Depot Halifax	9-12-41.
DRO 68/41	Adm.	Stn Hosp.	20-3-41	DRO 19	Ly Depot	RAF	7-1-42
— 73/41	Medical	Stn Hosp.	26-3-41		Embkd.	Canada	8-1-42.
— 100/41-103	#1 M.D.	H.W/S	29	30/42.	U.K.	3. P.R.C.	21-1-42.
	Toronto	Mtl	5-4-41	15 21/42 (36/26) 15 64/42 (55/30)	3 P.R.C	T.A.G.S	7.3.42
DRO 127	Auth. drawn	Sub. All	11-2-41 17-2-41	117/42 94/42	T C & S.	23 O.T.U	5-5-42.
181	Furlough drawn	Sub all.	7 days	-1-/42 (36/49)	23 O.T.U	#19 Sqdn	24-7-42
247	#1 W/S	C.I.T.S.	15-10-41	164/42 (2/50) 5-2/42 (3/51)	23 O.T.U.	1651 C.U.	23-7-42
	Mtl	Trenton		42 (19/68) Missing	419 Sqdn	1 RAF DEPOT CWB	2-10-42.
				POW	419 Sqdn	2/10/42.	1126
					"	"	CCL 1118.

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

(OVER)

Finger Printed
Date 25-7-44
Initials J.M.

QUOTA 12

R.C.A.F. Special Reserve.

J. A. T. P. CANADA

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

CONFIDENTIAL

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* 17-1-41

FILE NUMBER

Surname PRICE *Chr. Names* HUBERT DOUGLAS
Nature of Commission m-2-3 *Date of Birth* 19-10-20 *Married or Single* S
Branch Gen. List. *Hours Flown* None
Address 9 Hubbard Ave. Sherbrooke, P.Q.

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	NO
	Severe or "Sick" Headaches, Migraine	NO
	Fits or Convulsions of any kind	NO
	Sun or Heat Stroke	NO
	Head Injury or Concussion (including "knock-out")	NO
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	NO
(ii)	LUNG TROUBLE or Consumption	NO
	Bronchitis, Pneumonia or Pleurisy	NO
	Asthma or Hay Fever	NO
(iii)	HEART DISEASE, "Weak or Strained Heart"	NO
	Fainting Attacks or Giddiness	NO
	Rheumatism, Rheumatic Fever or "Growing Pains"	NO
	Frequent Sore Throats or Tonsillitis	NO
	Diphtheria, Scarlet Fever or Scarlatina	NO
(iv)	STOMACH or BOWEL TROUBLE	NO
	Chronic Indigestion or Pain after Food	NO
(v)	KIDNEY or BLADDER TROUBLE	NO
	Syphilis or Gonorrhœa	NO
(vi)	TROPICAL DISEASE	NO
	Malaria	NO
	Dysentery	NO
(vii)	EYE TROUBLE or Inflammation of Eyelids	NO
	Wearing of Glasses	NO
	Colour or Night Blindness	NO
(viii)	EAR TROUBLE, Earache or Discharge from Ears	NO
	Deafness, Noises in the Ears, or Dizziness	NO
	Frequent Colds in Head, Catarrh or Obstruction	NO
	Prolonged Hoarseness or Loss of Voice	NO
	Sea, Car or Train Sickness	NO
	Discomfort on Swings, Roundabouts, Switchbacks	NO
(ix)	OPERATIONS	None
(x)	Any Illness or Injury not mentioned above	None

Education High School 3 yrs.
Present Occupation Shipping clerk Hobbies None
Previous Service N.P.A.M. Sherbrooke 53rd Rgt. 5 mos.
Athletics softball, does not excell
Habits—Smoking 12 c.a.d. Alcohol
FAMILY HISTORY—Consumption None
Nervous Ailments, Mental Trouble, or "Fits" None
Father Alive—Health Dead—Cause Stoppage of bowels
Mother Alive—Health Good Dead—Cause
Brothers (....) Alive—Health (....) Dead—Cause
Sisters (....) Alive—Health (8) Dead—Cause Unknown

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 17/1/41 *Signature* H D Price *Witness*

Dr. G. Chisholm per Gal.

GENERAL MEDICAL AND SURGICAL EXAMINATION

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

	Date 17/1/41	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	72						
Weight (lbs.)	154						*Date*
Chest Circumference (ins.)	36						
Body Build (lbs.)	153						
Leg Length (ins.)							
Pulse Rate — Sitting	78						
Pulse Rate — Standing 1st	90						
Pulse Rate — Standing 2nd	84						
Pulse Rate — After Exercise	120						
Pulse Rate — Time to Normal	25						
Arterial Walls	N						
Blood Pressure — Systolic	136						
Blood Pressure — Diastolic	84						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	N						
Breath held	85						
Expiratory Force							
Vital Capacity (Best of 5)							
							Date
Reflexes — Knee	N						
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	N						
Reflexes — Plantar	Flexor						
Cranial Nerves	N						
Balancing Rod	R. L. S S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	N						
Tremors — Eyelids	N						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	Good						
Urine — Albumen	O						
Urine — Sugar	O						
Initials of M.O.							

40 mm. Hg. Test 75 sec. - 7- 677-~~776½-6½77-665½-6½55~~
Date
Date
Date
Date

Remarks by Consultant.

Fit.

J. A. T. P. CANADA

EYE EXAMINATION

History	Neg.		
Visual Acuity	R. 20/20 , c̄ —— =		
	L. 20/20 , c̄ —— =		
Colour Vision	N. Ishihara		
Red, Green			
Diaphragm Test (P.D. =)			
Convergence	C. = cms.		
	S. C. = cms.		
Accommodation	R. 9.5		
	L. 10		
Cover Test			
Fundi and Media	N		
Fields	N		
Remarks:			
	Initials of M.O Dr Clish per Sec.	*Initials of M.O*	*Initials of M.O*
	Date 17-1-41	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Neg.		
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	Pat.	
	L. Ear	Pat.	
Cochlear Apparatus	R. Ear	N	
	L. Ear	N	
Vestibular Apparatus	R. Ear	N	
	L. Ear	N	
Buccal Cavity		N	
Teeth		Dental pts. 32	
Gums		N	
Pharynx		Tonsils clearly removed.	
Nasopharynx		N	
Nose		N	
Larynx		N	
Remarks:			
		Initials of M.O Dr Clish per Sec.	*Initials of M.O*
		Date 17-1-41	*Date*

HISTORY OF PRESENT CONDITION

Date 17-1-41

Tall angular muscular type, good mental reaction.

Category A3B. DR Chisholm per Lt/Col.
A. M. Laflin Capt.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date

AIR FORCE No. R 79132 (our) R.C.A.F. Special Reserve POSTED TO No. 1 Manning Depot, Toronto TRADE Aircrew Wireless Operator Air Gunner Standard.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Price FULL Christian Names Hubert Douglas
2. Present Address 9 Hubbard Ave Sherbrooke P. Quebec Telephone 984-J
3. Permanent Address
4. Place of Birth Sherbrooke, P. Quebec. Citizenship Canadian
5. Date of Birth October 19, 1920 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

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

7. Occupation Shipping Clerk 8. Religion Anglican (State denomination)
9. Languages English Fluently (State proficiency)
10. Next of Kin (Full Name) Minnie Rowan Price Relationship Mother
" Address 9 Hubbard Ave Sherbrooke P Quebec
11. Father (Full Name) Hubert Douglas Price Birthplace Sherbrooke P Q.
" Address Deceased Citizenship Canadian
" Occupation (Conductor Quebec Central R.R.)
12. Mother (Full Maiden Name) Minnie Rowan Birthplace Ireland
" Address Sherbrooke P.Q. 9 Hubbard Ave Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
N.P.A.M.	Sherbrooke Que	Private	None	July 1940		
53rd Regiment					FEB. 1941	To enter R.C.A.F.

14. Honours, Awards, Mentions
15. Are you now on any Naval, Military or Air Force Reserve? N.A.
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
20. Are you in debt? No If so, state particulars No

R.C.A.F. Records Office
Rec'd. FEB 24 1941
O.K. T.G. C.I.B.
R.C. N.
S.L. P.A.

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

66-83

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Walkerville Ontario King Edward School	1926	1934	General
High School—Collegiate Institute, etc.	Sherbrooke High	1934	1937	Commercial
Technical School	Sherbrooke Que			
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
J. Mitchell & Co Ltd Sherbrooke Quebec	Shipping Clerk	1938	1941	Still Employed

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. none

25. Sports engaged in. State: extensively, moderately, occasionally Softball.

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

If for Ground Duties, state Air Force trade in which you wish to enlist.....
If for Flying Duties, state preference as (a) ~~Pilot~~; (b) ~~Observer~~; (c) Air Gunner (d) ~~Wireless Operator (Air Crew)~~.
(Cross out words not applicable.)

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

Name	Address	Occupation
Mr J Wark		
~~Rev. E. K. Moffat~~	Sherbrooke P. Q.	Minister
Mr J P Wells K.C.	Sherbrooke P. Q.	Lawyer

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

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

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

Date Jan 15 Feb 8 1941 Signature ~~Hubert Douglas Price~~ H D Price

NATIONAL REGISTRATION CERTIFICATE
PRODUCED E. L. Arnold S.O.

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, Hubert Douglas PRICE, 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 February 11th, 1941 H D Price
Signature of Recruit

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

I, Hubert Douglas PRICE, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date February 11th, 1941 H D Price
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Montreal, P.Q. this Eleventh day of February 11 1941.

E. L. Arnold S.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. 21 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

R O Price
..... 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) ..... None

2. Height ..... 6 ..... feet ..... — ..... inches.
3. Weight ..... 154 ..... pounds.
4. Complexion ..... Med
5. Color of Eyes ..... Brown ..... Hair ..... Brown
6. Development { Good / ~~Fair~~ / ~~Poor~~
7. Chest Measurement—Full expiration ..... 35 ..... inches
   Range of expansion ..... 3 ..... inches
8. Hearing—Right ..... W V N ..... Left ..... W V N ..... Tympana—Right ..... N ..... Left ..... N .....
9. Vision—Without glasses—Right ..... 20/20 ..... With glasses—Right ..... M - a. .....
   Left ..... 20/20 ..... Left .....
10. Condition of mouth and teeth ..... Dental Caunt Pts 12 fts .....
11. Urine—Albumen ..... negative ..... Sugar ..... negative .....
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 3 B**

Any special remarks of the Medical Officers .....
20-1-41 X-Ray #69605 Neg Ans

Date ..... 17/1/41 ..... 19.....

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

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: PRICE (Block letters); Given names: HUBERT DOUGLAS

Do not write in this space

4. RESIDENCE — Street: Hubbard Avenue No. 9; Official name of civil municipality or township: Sherbrooke; 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: October (Month) 19th (Day) 1920 (Year)

12. AGE OF DECEASED — Years: 21; Months: 11; Days: 13; If less than one day old: ....hrs. or ....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: 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: Oct 2/42

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Price, Hubert Douglas	Quebec
MOTHER (Maiden Name)	Rowan, Minnie	Ireland

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 2nd (Day) 19 42 (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.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b) ....; due to; (c) ....

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance ....19....; (b) Duration of disease ....days

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

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

State findings.... Was there an autopsy?....

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

Accident, suicide or homicide: Accident (State which) Date: October 2nd 19 42

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

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.)

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

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

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

(Voir l'autre côté pour le français)

ROYAL CANADIAN AIR FORCE

R.C.A.F. R.45
30M-4-41 (168)
H.Q. 1062-2-126

Individual Record of Flying

J. A. T. P. CANADA

RANK LAC NO. CAN R 79132 NAME PRICE H.D.

UNIT	PERIOD ENDING	SERIAL No.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES				PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT													
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER			
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
No. 7 B. & G. S. Paulson.	8-12-41																																12	00
																							Total Time to Date:										12	00

Bomber Command. RCAF.

CONFIDENTIAL.

R.A.F. Form 39.
Army Form I. 1220.
Naval Form M. 246.

No. of enclosure in Form 48.....

Serial No. in Form 38 } or in A. & D. Book } .....

Hospital or Sick List—Record Card.

Surname PRICE. Christian Names H.D.

Rank F/SGT. Unit No. 419. SQN.

R.A.F. or Army No. R. 79132 Branch or Trade A.G.

Age..... Total Service } ..... Under instruction as } .....

Hospital or Station rendering this form Medical Statistical Office.

Dates of :

Arrival as direct admission..... from.....

,, ,, transfer ..... from.....

Discharge to duty.....

,, as an invalid or to unit for invaliding.....

Transfer..... to.....

Death 2-10-42

Number of days under treatment.....

CLINICAL NOTES.

Disease or injury Death Presumed.

.....

New disease supervening, and date.....

.....

Operation, nature and date.....

.....

Anæsthetic, and method of administration.....

Date	Previous history of case and family, if relevant.....
	.....
	.....
	.....
	.....
	.....
	.....
	Condition on admission.....
2-10-42	..... Death Presumed.
	..... CCL 1118 (20)
	.....
	.....

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.

Wt.39213/2793 36,500 pads 2/41 W.H.H. Ltd. 51-8670 Forms I.1220/16 [P.T.O.

Date	Progress of case
	Condition on discharge
2.10.42.	Death Presumed.
	Signature of Medical Officer [signature] P/O
	Date 29.4.43.

MSO. [illegible]

QUOTA 12

R.C.A.F. Special Re...

R79132

R. C. A. F.

AIR CREW ENLISTMENT AGREEMENT.

1. I, the undersigned, do acknowledge that I have read, understand, and agree to the following conditions of Service in the event of my being accepted for enlistment in the Royal Canadian Air Force as Aircrew Wireless Operator Air Gunner Standard.

That I will be called upon to perform other than Air Crew duties until the R.C.A.F. is in a position to commence my training as such.

2. If at any time I am found unsuitable for further training in the above category, I understand that:

(i) I may be re-mustered to another Air Crew category for which I am found suitable,

or

(ii) If found unsuitable for any flying duties, I may be re-mustered for service in ground duties.

C. L. Arnold S.O. — (Witness)

H D Price — (Signature of Applicant)

11-2-41 — 11-2-41

A.F.M. 27
29-7-40

R.C.A.F. Records Office
Rec'd. FEB 24 1941
O. K. ... C. I. B. ...
R. C. A. F. ... N. I. ...
S. L. ... P. A. ...

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

[redacted]MBER R79132 RANK W/SGT. TRADE AIR GUNNER (SP GR) UNIT 419 RCAF SQDN. OVERSEAS

S	E	R	V	I	C	E
R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X				

NAME PRICE, HERBERT HUBERT DOUGLAS

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. H.H. PRICE (MOTHER)

ADDRESS 9 HUBBARD AVENUE, SHERBROOKE, QUEBEC.

NAME ADDRESS D.A.B. AGREES

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

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

ADDRESS

RELIGION ANGLICAN CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MRS. HUBERT DOUGLAS PRICE

ADDRESS 9 HUBBARD AVENUE, SHERBROOKE, QUEBEC.

FATHER LIVING ON ENLISTMENT NO

MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO X IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . .

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

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

AUTHORITY CAS. SIG. NO. 3928

CASUALTY DETAILS: AIR MIN KW---F5219---6-20-APRIL-43.

PREVIOUSLY REPORTED "MISSING" 2-OCT-42 AFTER AIR OPERATIONS (OVERSEAS) THEN REPORTED "MISSING BELIEVED KILLED"

NOW "PRESUMED DEAD" 2-OCT-42 FOR OFFICIAL PURPOSES.

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

P. OF D...YES

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

DATE 30-APRIL-43.

R.C.A.F. R217
15M-4-42 (2067)
H.Q. 885 R217

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4

AIR 10517

DECEASED MEMBER'S NAME: Hubert D. (CHRISTIAN NAMES) Price (SURNAME)

PAYEE: Mrs. Minnie Price,

ADDRESS: 9 Hubbard Ave., Sherbrooke, Que.

REGISTER NO. 2715
FILE NO. 12 Feb/45
DATE R.79132
SERVICE NO. FS
FINAL RANK OR RATING 2 Oct/42
DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE: 2 Oct/42

A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 599 / 30 EQUAL TO 19 COMPLETE PERIODS AT $7.50		$142.50
B. QUALIFYING OVERSEAS SERVICE — No. of Days 269 LESS 29 INELIGIBLE DAYS, EQUAL TO 240 DAYS @ 25c. PER DAY		60.00
		202.50
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE		
PAY	$ 3.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 20.00	$ .66	
	$ 5.16	
TOTAL	$ 269 × 7 = $ 36.12	53.10
NO. OF DAYS 183	× $ 36.12	
D. WAR SERVICE GRATUITY		255.60
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		255.60

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 20.00 / 20.00 OF $ 255.60 = $ 255.60

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△TR

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
RK	G.

TREASURY	
CHECKED BY	DATE
	15-2-45

SERVICE REPRESENTATIVE

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME.....PRICE.....

CHRISTIAN NAMES.....Hubert Douglas.....

MARRIED.....SINGLE.....NO. OF CHILDREN.....NONE.....

N.F. / FLYING

AGE....20.....
HEIGHT.....
WEIGHT.....

ADMINISTRATION.....
TECHNICAL.....
EQUIP./ACCTS.....
GEN. LIST.....

PILOT.....
OBSERVER.....
W.O. AIR GUNNER....X....

EDUCATIONAL STANDING:- Number of Years.....

High School...3.....Technical.....Commercial....1.....

University (Name and dates of Attendance).....

.....

S tanding other Countries.....

FLYING EXPERIENCE:- Total Hours

Commercial Hours Solo.....Dual.....

Private " Solo.....Dual.....Passenger.....

No. Hours & Types during last 2 years.....

MILITARY AND OTHER TRAINING:-

FIVE MONTHS SHERBROOKE REG. N.P.A.M. Signals Pte.....

TWO AND HALF YEARS SHIPPING CLERK HARDWARE

.....

.....

SPORTS:- (What branches)

.....

HOBBIES: .....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:-

SEEMS A BIT SLOW MENTALLY AND SERIOUS MINDED. BUT SHOULD MAKE GOOD GUNNER MATERIAL WOULD CONSIDER HIM A DETERMINED LAD

.....

.....

.....

REFERENCES CHECKED

REFERENCES CHECKED -- SATISFACTORY
REFERENCES CHECKED -- UNSATISFACTORY 29-1-41 (Date) F.C. (Initials)
REFERENCES NOT CHECKED.

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Possibly.....

BEST FITTED FOR WIRELESS OPERATOR--AIR GUNNER.....

.....

DATE:

R.C.A.F. Records Office
Rec'd. FEB 24 1941
O.K.....C.B.....
R.C.....A.N.I.....
S.L.....P.A.....

RECRUITING CENTRE: MONTREAL

F. W. McCREA-F/O
Signature of Officer

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

APPROACH
Confident.....
Nervous.....
Easy.....X.....

CARRIAGE
Upright.....X.....
Medium.....
A thletic.....

DRESS
Neat.....X.....
Conservative.....X.....
Clean.....X.....
Careless.....

PHYSIQUE
Medium.....
Heavy set.....
S lender.....X.....

SPEECH
Clear.....X.....
Slow.....X.....
Hesitant.....

RESPONSE
Q uick.....
Deliberate.....X.....
Slow.....

MANNER
Alert.....
Confident.....
Sincere.....X.....
Reserved.....X.....
Nervous.....
Overbearing.....
Irresponsible.....

EXCELLENT.....

ABOVE AVERAGE.....

AVERAGE....X.....

BELOW AVERAGE.....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

R 79132

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 Price Christian Names H.D.

Number [redacted] 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. 1 Wireless School. Course No. 18 To 12/10/41. From 26/5/41.

2. *Flying Times*—

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

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

(c) In 2-seat aircraft as sole operator - 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

R.C.A.F. Records Office
Rec'd. JAN 21 1942
O.K. C.I.B.
R.C. JB N.I.
S.L. JB P.A.

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	38	Signals Organization	150	130
Radio Equipment	250	115F	Armament	100	66
Morse (buzzer and lamp)	200	68F	Drill and P.T	50	25
Procedure	200	160	TOTALS	1000	622

Maximum Marks, 1000. Marks Obtained 622 Percentage 62.2 Pass or Fail Fail

Position in Class - No. in Class -

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

PART I—*Concluded*

WIRELESS TRAINING

6. Comments ~~as to suitability for Commissioned rank~~:— Ceased Training 12.10.41. having failed his course after an additional 4 weeks' instruction. It is recommended that he be remustered as "straight" Air Gunner. Posted to Composite Training School, Trenton, effective date 15.10.41 reporting same date.

TCB

Officer Commanding

No. 1 Wireless School

Date 8.10.41.

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

PART II

ARMAMENT TRAINING

1. No. 7 B. G. S. Course No. 20

2. Dates of Courses:— From 10-11-41 To 8-12-41

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
Battle	9	35		2	25	12	00

4. *Air Gunnery Results*—

	Average percentage hits to rounds fired
(*a*) Beam Test	24 %
(*b*) Beam Relative Speed Test	%
(*c*) Under Tail Test	3½ %

5. *Total Rounds Fired*—

Ground	590 %
Air to Ground	300 %
Air to Air	2296 %

6. *Assessment*—

		Marks Obtained
(*a*) Written Examination	(100 Marks)	84
(*b*) Practical and Oral Examination	(100 Marks)	68
(*c*) Ability as Firer	(250 Marks)	172
(*d*) Qualities as an N.C.O	(~~150~~ 150 Marks)	
Totals	(~~600~~ 400 Marks)	324

7. Position in Class 3 No. in Class 5 Pass or Fail Pass

8. Date authorized to wear Air Gunner's Badge 8.12.41

9. ~~Comments on suitability for Commissioned Rank~~ Armament Gunnery 160 350

10. Remarks Very nervous, speech is hesitating. With more experience he should make a good air gunner.

Chief Instructor

No. 7 B. G. S.

Date ~~10.12.41~~ 8-12-41

Para

PART II—*Concluded*

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School	1000	~
Bombing and Gunnery School	~~600~~ 450	324
TOTALS	~~1600~~ 450	324

12. Percentage 72 Pass or Fail Pass Position in Class 3

No. in Class 5

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

14. Remarks

W. K. Lawrence W/Cdr
Officer Commanding
No. B. G. S.

Date 8-12-41

20 Mins Light Beam Training, Drogue Mark Target Towed at 20% Hits

Para. 9. Numerical Assessment as to suitability for a Commissioned Rank:-
(To be marked on a basis of 250 marks maximum)
160/250