R96679
SMITH
JOHN HAROL

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 SMITH JOHN HAROLD (b) Reg'l. No. R96679
2. (a) Arm of service R.C.A. (b) Unit Q.F.R.C. (c) Rank L/Sig.
3. (a) Date of birth [illegible] (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Owen Sd.
4. (a) Place of enlistment Owen Sd. (b) Date of enlistment 10-7-41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Matriculation 3 yrs High School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Yes (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 BELL TELEPHONE Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) TELEPHONE
20. (a) Your specific occupation CABLE SPLICER (b) Number of years' experience at this occupation with any employer 2 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment? 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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Yes
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form TELEPHONE CABLE SPLICER

DATE 15-7-41 194..... SIGNATURE

R.C
Rec'd AUG 29 1941
O. K. C.I.B.
R. C. A.A.M.N. I.
S. L. P. A.

CONFIDENTIAL SPECIAL RESERVE

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Quebec, P.Q. *Date* 15-7-41 | FILE NUMBER

Surname Smith *Chr. Names* John, Harold
Nature of Commission W.A.C. *Date of Birth* 11-7-22 *Married or Single* Single
Branch R.C.A.F. *Hours Flown* Nohe
Address 6671 Monkland Ave. Montreal, 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 Tonsillectomy in 1931
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 Infectionof the right knee after accident "snowbank" in 1927 cured

Education High School 3 years
Present Occupation Gable Splicers helper bell Hobbies Reading - Mechanic
Previous Service No
Athletics Rugby Tennis Swim ming 10 miles Badmington all extensively
Habits—Smoking No Alcohol Never
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health N.A. Dead—Cause Cause unknown
Mother Alive—Health N.A. Dead—Cause 27 Pneumonia
Brothers (0) Alive—Health N.A. (0) Dead—Cause N.A.
Sisters (0) Alive—Health N.A. (0) 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 granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 15-7-41 *Signature* John H. Smith *Witness* Guy Lahue F/L

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Alert
Body Marks, Scars, Deformities Scar right knee- Vacc. left arm- Birth mark right neaver.
Size of Thyroid Gland Normal
Surgical Abnormalities None
Results of Wounds, Injuries, Operations None

	Date 15-7-41	Assessing Room	Date	Assessing Room	Date	Assessing Room
Height (ins.)	68					
Weight (lbs.)	172					
Chest Circumference (ins.)	39					
Body Build (lbs.)	+35					
Leg Length (ins.)	N.A.					
Pulse Rate — Sitting	84					
Pulse Rate — Standing 1st	108					
Pulse Rate — Standing 2nd	96					
Pulse Rate — After Exercise	120					
Pulse Rate — Time to Normal	30					
Arterial Walls	Soft					
Blood Pressure — Systolic	145					
Blood Pressure — Diastolic	90					
Heart — Size	N					
Heart — Sounds	N					
Heart — Rhythm	N					
Lungs	N					
Breath held	100					
Expiratory Force	190					
Vital Capacity (Best of 5)	5300					
Reflexes — Knee	N					
Reflexes — Ankle	N					
Reflexes — Triceps	N					
Reflexes — Abdominal	presl					
Reflexes — Plantar	flex					
Cranial Nerves	N					
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Balancing Rod	1fs 1fs					
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Self Balancing	N.A. N.A.					
Tremors — Fingers	sf sf					
Tremors — Eyelids	sf sf					
Abdomen — Liver	N					
Abdomen — Spleen	N					
Abdomen — Muscular Tone	Good					
Urine — Albumen	Nil					
Urine — Sugar	Nil					
Initials of M.O.	[illegible]					

40 mm. Hg. Test 15-7-41 8/9 8 10/10 9 9/9 910/ 9 10=55 secs. type -2-
Date
Date
Date
Date

Remarks by Consultant.

Remarks on any Abnormalities Found

Date

Date

Date

EYE EXAMINATION

History	Negative		
Visual Acuity	R. 20/20 , +C 2.25 = 20/200		
	L. 20/20 , +C 2.25 = 20/200		
Colour Vision	Normal Ishiahra 8th Edition		
Red, Green	No dark room		
Diaphragm Test (P.D. = 65 m m)	Bar at -0-		
Convergence	C. = 9 cms.		
	S. C. = 8.5 cms.		
Accommodation	R. 11		
	L. 12		
Cover Test	Slight Lat. ~~-Div-~~ Conv. R.R. both eyes		
Fundi and Media	Normal "no dark room"		
Fields	Wide		
Remarks: Fit for flying.			
	Initials of M.O. [signature]	*Initials of M.O.*	*Initials of M.O.*
	Date 15-7-41	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Negative			
Hearing	R. Ear	W.V. 20		
	L. Ear	W.V. 20		
External Ear, Meatus Membranes	R. Ear	Normal		
	L. Ear	Normal		
Middle Ear, Eustachian Tubes	R. Ear	Patent		
	L. Ear	Patent		
Cochlear Apparatus	R. Ear	Normal		
	L. Ear	Normal		
Vestibular Apparatus	R. Ear	Normal		
	L. Ear	Normal		
Buccal Cavity		Healthy		
Teeth		26 Pts. Good		
Gums		Healthy		
Pharynx		tonsils removed		
Nasopharynx		healthy		
Nose		Healthy		
Larynx		Healthy		
Remarks:		*Initials of M.O.* [signature]	*Initials of M.O.*	*Initials of M.O.*
		Date 15-7-41	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 15-7-41

General appearance : He responds readily to questions; mentality is alert and is quite eager.

Education : High School 3 years.
His habits are very satisfactory, No smoking and no alcohol
He is and athlete in all sports.

General medical examination: He has an athletic physique . He his overweight but his muscles are firm no obsesity.
Blood pressure is high ,but he is a little nervous and too anxious to pass a satisfactory exmination.

In general , his physical condition and his mentality are satisfactory..

He has had an accident snowbank in 1927; 3 weeks in hospital for infection to right knee has operated and completly cured since this time,

RECOMMENDED FOR ;
A. Flying to 35 000 ft. or more.
~~B. Limited flying to 35.000 ft.~~
~~C. Flying only to 25.000 feet.~~

ALTITUDE TOLERANCE TEST. DATE 1-11-42

		Symptoms
No. of 2 hrs. tests at 35.000 feet	1.	nil on 3 runs
	2.	mild on ..... "
	3.	moderate on ..... "
		severe on ..... "

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 15-7-41

In the opinion of this Board, Candidate is assessed A3B,

G. Latour F/L
(G.Latour) Flight Lieutenant

F. Montreuil F/C
(F.Montreuil) Flight Lieutenant.

5-6-42
A. 9132
J H.K. S/L

CATEGORY A3B APPROVED
DATE 3 Dec 1941
J.W. Tremain F/L M.O.
No. 4 WIRELESS, ~~or B. and G.~~ School

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Emily D. Jennings,
6671 Monkland Avenue,
Montreal, P. Q.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 1022-S-2407 FD. 259

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

11th July, 194

ESTATES BRANCH
AUG 30 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

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

SMITH, John Harold, Sgt.

No. R.96679, R.C.A.F.

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

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

DBS:MS

L. D. Smith
Administrator of Estates.

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		NIL		
2	Children of the Deceased and dates of their Births.....		NIL		
3	Father of the Deceased.....		Last Contact April 1928 WHEREABOUTS UNKNOWN PRESUMED DECEASED		
4	Mother of the Deceased.....		DECEASED April 20/28 at	age	of 26 years
5	Brothers of the Deceased	Full Blood	NIL		
		Half Blood	NIL		
6	Sisters of the Deceased	Full Blood	NIL		
		Half Blood	NIL		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

8	Full na
9	Date of
10	Place a
11	Place a
12	Place w
13	State, i resided
14	Nature
15	State w so, whe
16	Name perman
17	Did he
18	If marr in the commu contrac
19	Did he give na Do you
20	Amoun where
21	Amoun whethe
22	If dec payabl therein
23	Descri space
24	Did th (a (b An ite here "ap par
25	Have pa am
	(N and bu zone, author the G

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JOHN HAROLD SMITH
9	Date of his birth.	11th July 1902 ~~xxxxxxxxx~~
10	Place and date of his marriage.	NIL
11	Place and date of his parents' marriage.	Montreal, 4th July 1921

PARTICULARS OF DOMICILE

12	Place where deceased was born.	MONTREAL
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) QUEBEC , Jacques Cartier, (b) (c) (d) MONTREAL 18 years
14	Nature of employment before enlistment.	BELL TELEPHONE CO OF CANADA
15	State whether he owned the premises in which he lived, and, if so, where situated.	NO
16	Name place where deceased stated he intended to make his permanent home.	MONTREAL

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	YES
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	NO
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NO
20	Amount of War Savings Certificates held by deceased. Indicate where located.	~~NO~~ XXX Maturity Value $35.00 In Grandmothers possession at 6671 Monkland Ave, Montreal.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NO
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufacteurers Life Insurance Co Arthur C. Jennings, Uncle. #10039 92
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*(Grandmother) Uncle of the deceased.

A. C. Jennings — {Signature of Informant}

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

6671 Monkland Ave., Montreal, 28, Que. — Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief... Arthur C. Jennings, for (Mrs Emily D. Jennings)

See above. ... {Name of informant} is the (Grandmother) Uncle of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 29th day of August 19...

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

Address 37 St Bassel

JUSTICE OF THE PEACE FOR THE DISTRICT OF MONTREAL

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Grandmother,	Emily Jennings, (Mrs.)	6671	Monkland Ave.,	Montreal,	28, Que.
Grandfather,	Sydney W. Jennings,	do	do	do	
Uncle,	Arthur C. Jennings,	do	do	do	

Father, John Smith of Montreal, abandoned his wife and child a few years after their marriage, the last we heard from him was in April 1928 when he signed a quit claim re his son.

Sergt. John Harold Smith was reared by his Grandmother, Grandfather and his Uncle.

yours faithfully,

A. C. Jennings

AIR FORCE No. R.96679 Sup. SPECIAL RESERVE POSTED TO RCAF Recruiting Centre.Quebec TRADE Wireless Operator Air Gunner

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname SMITH Full Christian Names JOHN HAROLD
2. Present Address 9 CARDEN STREET QUEBEC P.Q. Telephone N.A.
3. Permanent Address 6671 MONKLAND AVE MONTREAL P.Q.
4. Place of Birth MONTREAL P.Q. Citizenship CANADIAN
5. Date of Birth JULY 11 1922 Married, Single, Widower, Separated, Divorced single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
P.A.			

7. Occupation CABLE SPLICERS HELPER B.T.CO 8. Religion CHURCH OFENGLAND
   State denomination
9. Languages FRENCH FAIR ENGLISH GOOD
   State proficiency
10. Next of Kin (Full Name) A.C.JENNINGS Relationship UNCLE
    " Address 667 MONKLAND AVE MONTREAL P.Q.
11. Father (Full Name) JOHN RICHARD SMITH Birthplace MONTREAL P.Q.
    " Address DECEASED Citizenship CANADIAN
    " Occupation CLERK
12. Mother (Full Maiden Name) ELSIE DAISY JENNINGS Birthplace MONTREAL P.Q.
    " Address DECEASED Citizenship CANADIAN
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
P.A.						

R.C.A.F. Records Office
Rec'd. JUL 22 1941
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

14. Honours, Awards, Mentions NONE
15. Are you now on any Naval, Military or Air Force Reserve? NO
16. Have you previously made application to join the R.C.A.F.? NO If so, where? 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. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

J 103-47

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	KING EDWARD SCHOOL			
High School—Collegiate Institute, etc.	MONTREAL P.Q.	1927	1928	PRIMARY COURSES
Technical School	ROSEDALE SCHOOL			
University or School other than above	MONTREAL P.Q.	1928	1936	PUBLIC SCHOOL
Correspondence Courses, etc	WEST HILL HIGH SCHOOL			
	MONTREAL P.Q.	1936	1940	HIGH SCHOOL

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
CANADIAN NATIONAL RYS MONTREAL P.Q.	COOK	1940	1940	BETTER OPPURTUNITIAS
BELL TELEPHONE CO MONTREAL P.Q.	CABLE SPLICERS HELPER	1940	1941	TO JOIN THE R.C.A.F.

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

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

25. Sports engaged in. State: extensively, moderately, occasionally RUGBY HOCKEY SWIMNING BADMINTON TENNIS SOFTBALL EXTENSIVELY

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 N.A.
If for Flying Duties, state preference as (a) ~~Pilot~~; (b) ~~Observer;~~ (c) ~~Air Gunner~~ (d) ~~Wireless Operator~~ (Air Crew).
(Cross out words not applicable.)

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

Name	Address	Occupation
A.C.JENNINGS	6671 MONKLAND AVE MONTREAL P.Q.	SECRETARY TREASURER
S.E.SWETT	BOX 82 GRANBY P.Q.	CABLE SPLICING FOREMAN
G.P. LALONDE	176-24ave Lachine P.Q.	CABLE SPLICER
N.A.LAW	5244 byron ave Montreal p.q.	Cable Splicer

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 14 july 1941. Signature John Smith.

3

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. E.D 85 P.P. 169
..... R Enjras F.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, John Harold SMITH .....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date July 16, 19 41 John Smith
Signature of Recruit

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

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

Date July 16 19 41 John Smith
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 Québec City. P.Q. this 16th day of July 19 41.

R Enjras F.O. RCAF RECRUITING CENTRE.QUEBEC.P.Q.
Signature of Officer — Rank — Unit

Finger Printed
Date 16-7-41
Initials HdeF.

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19. 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism.....no..... (j) Nasal Trouble.....no.....
(b) Tuberculosis.....no..... (k) Ear Disease.....no.....
(c) Bronchitis or Asthma.....no..... (l) Eye Disease.....no.....
(d) Heart Disease.....no..... (m) Epilepsy.....no.....
(e) Kidney or Bladder Disease.....no..... (n) Nervous or Mental Disease.....no.....
(f) Gastro-intestinal.....no..... (o) Syphilis.....no.....
(g) Rupture.....no..... (p) Gonorrhoea.....no.....
(h) Varicose Veins.....no..... (q) Bone Fracture.....no.....
(i) Flat or Deformed Feet.....no..... 5. (r) Other Disease or Defect.....

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

4. Have you had any illness for more than one week's duration? Infection of the right knee after accident

I certify that I have revealed my full medical history and have not withheld any relevant information.

Signature of Applicant John Smith

Examiner's Remarks *re* above...NONE "snowballs" in 1927 Cured.....

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

1. Identification marks or scars (if operative obtain history)...Vacc. Left arm: Rt Knee - Birth mark Rt arm.....

2. Height 5 feet 8 inches. 3. Weight 172 pounds.

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

6. Development { Good / ~~Fair~~ / ~~Poor~~ } 7. Chest Measurement—Full expiration.....37½.....inches

Range of expansion.....inches

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

9. Vision—Without glasses—Right 20/20 With glasses—Right N.A.

Left 20/20 Left N.A.

10. Condition of mouth and teeth.....N.A.....

11. Urine—Albumen.....NIL..... Sugar.....NIL.....

12. Abnormalities (Congenital and Pathological) found on Examination.....None.....

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 H3B

Any special remarks of the Medical Officers.....none.....

Part 2 Cont'd.

15-7-41 Mouth x Ray neg = GL.

13. Reflexes NORMAL

14. Heart N

15. Lungs N

16. Blood Pressure S. D. 145/90

17. Colour Vision NORMAL Ish. 8 idelisos.

Date 15-7-41 19.....

Geo Lakeman F/L
President

H Wortheim F/C
Member

Member

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

ROYAL AIR FORCE.

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

Official No. CAN. R. 96679. Name SMITH. John. Harold. Rank Sgt
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 11.7.22. Religion C. of E. Occupation in Civil Life Cable Splicer.

Last Enlisted 16.7.41. Current Engagement D. of W.

If a member of the Auxiliary Air Force

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

Name, address and relationship of legal next of kin (to be entered in pencil): (Uncle)
MR A.E. Jennings, 6671. Monkland Ave. Montreal P.Q.

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

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

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
31. O.T.U.	1. Y. Depot	7.11.42.		A.C.2. W.O.A.G. Std	16.7.41.
1. Y. Depot	R.A.F. T.P	22.11.42.		L.A.C.	22.12.41.
	Emb. N.Y.	23.11.42.		Sgt W.O.A.G. Sp	6.7.42.
	U.K.	30.11.42.			
Dnt. 7.	3. P.R.C.	1.12.42			
16/43 3PRC	1 OTU	18.1.43			
1 (C) O.T.U.	N. AFRICA	19.4.43			
	500 Sqdn	25.4.43			
500 Squadron	Missing from an Operational Flight in Hudson A.M.857	3.9.43			

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

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

*10349) Wt. 23821—1216 100M 8/42 T.S. 700

S.R.

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., admission to hospital when posted to N.E. strength ; death ; etc. ; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency. A	B	C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Commanding
Sgt	V.G.	WOAG. Spec	On strength for training only				19.4.43	[signature] F/O.
Sgt.	V.G.	W.Op/A.G. Sp	SAT	SAT.	–	Assessment on Missing	3.9.43	[signature] W/C.
51/42 3.P.R.C.	22.12.42	30.12.42.	Privilege Leave 9 days incl				R.W.	D 420095. 150

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.

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

J. A. T. P. CANADA

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
(CAN) R-96679	Smith	John Harold.	Church of England

Born 11-7-22 Place Montreal P.Q. Country Canada Citizen of Canada Racial Origin English Canadian

ENLISTMENT

Date 16-7-41

At Quebec P.Q.

Term Duration of war

CIVIL EDUCATION

High School Entrance 3 years. Jr. Mat. Sr. Mat.

Technical School Corres. Courses

University

PREVIOUS SERVICE

None

RANK	DATE	Med. Cat.	Date
AC2	16 7 41	A3B.	15 7 41
LAC	22 12 41		
Sgt. (DRO 166)	6 7 42		

CIVIL OCCUPATIONS AND EXPERIENCE

Cook 1940

Cable Splicer 1940-1941

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
W.A.G	STD			16 7 41					
"	Sp.		P.	6 7 42					

PARTICULARS OF FAMILY M X S D X

Wife Maiden Name Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

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

Mr A.C. Jennings (Uncle)
6671 Wolfe Road Montreal P.Q.

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
17-7-41	17-8-41	Inc Ass leave without pay
DRO 147/41	Ass spec	Leave warrant of 1932
13-7-42	31-7-42	DRO 166 Pre-Embark.
26-10-42	7-11-42	Embarkation DRO 288
Issued	SLTW. No. C180657.	

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
6-7-42	Awarded	Air Gunners	Badge	WCD/LAC

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
N.D.R.13 Reg'n #1045 D.R.O. 199-41.	R.C. Inst.	R.C. Inst.	16-7-41	DRO 166	#7 B.&G.	#31 O.T.U.	31-7-42
				DRO 258	31 OTU.	1 V.D. Hosp	7-11-42.
DRO - 202	#"M" Depot Toronto	#1 B.G.S. Jarvis		DRO 340	1st Depot R.A.F.T.	Embkn U.K.	22-11-42 23-11-42 30-11-42
DRO 325/41	#2 PRC Jarvis	#4 Wireless School Guelph	22-11-41	30/42 (4/114) 16/43 (15/23) 20/43 (35/22) 52/43	3 P.R.C	1(C) OTU	1-12-42 19-1-43.
D.R.O. 123/26-11-41. T.O.S. DRO 29/42 ISS. SLW.	A/Pte #C71956	A/Guelph	23-11-41. d/2-4-42	TO/43	att FTU Aylmer		11/2 3/4.43
D.R.O. 133/42.	No. 4. W.S. GUELPH.	No. B.G. School PAULSON.	6-6-42.	500 Sq. 4/43 SI 4262 FO 5637 500 Sqdn. 25/43.	S.O.S 1(C) OTU Aylmer TOS att 500 Sqdn Base U.K. for N. Africa att 500 Sqdn	C.A.F. Base	20.3.43 25.4.43 19.4.43 29.8.43.

F/S. Posted from 500 Sq. M.E. C.R. 342 } 3.9.43.

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

(OVER)

Finger Printed
Date 16-7-41
Initials W.D.R.

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: SMITH (*Block letters*)

Given names: JOHN HAROLD

Do not write in this space

4. RESIDENCE

Street: Monkland Avenue No. 6671

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: July (Month) 11th (Day) 1922 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Sept.3/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Smith, John Richard	Quebec
MOTHER (Maiden Name)	Jennings, Elsie Daisy	Quebec

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 3rd (Day) 19 43 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed during air operations

due to

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

due to

(c)....

II

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

....

....

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

(b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide Accident (State which) Date Sept.3rd 19 43

Manner of injury: 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.)

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

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

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

....

(Voir l'autre côté pour le français)

"A"

W I L L

(1) I, John Harold Smith.....of the (City / Town / Village / Township)
of Montreal in the County / District of.....
Province of Quebec..... .....
(Civil Occupation)
a member of the Royal Canadian Air Force, Number .. R96679 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(2) I GIVE, DEVISE AND BEQUEATH unto my grandmother

Emily Daisy Jennings

6671 Monkland Ave.

Montreal, Que.

My whole estate

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Arthur Jennings (Name) 6671 Monkland Ave. Montreal, Que. (Address) to be the Executor / ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 10th day of November 1942.

(SIGNED) J.H.Smith
(Signature of Testator)

Signed and acknowledged by the Testator, in the presence of us present atthe same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

(5)(SIGNED) Norman Smith
(Signature)
No 14 Depot Halifax N.S.
(Address)
Clerk
(Occupation

" T.Tucker Sgt
(Signature)
No 14 Depot Halifax N.S.
(Address)
Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

Form 0623—(PG-M-115)

In the Superior Court

Province of Quebec
District of Montreal

BE IT REMEMBERED that on this twenty-second ---------
day of March ------ One thousand nine hundred and forty-four.

Before me, undersigned, Deputy-Prothonotary of the Superior Court, for the province of Quebec, in the District of Montreal.

CAME AND APPEARED:

ARTHUR C.JENNINGS,of the City of Montreal,Esquire.

(By Walsh & Mulcair,Notaries).

Who, by virtue of my Fiat upon his petition presented to me this day produced the --- Last Will and Testament executed in the presence of two witnesses -------

of the ---- late JOHN HAROLD SMITH,in his lifetime of the said City of Montreal,deceased on the third day of September,1943,while serving in the Royal Canadian Air Force on Active Service----------

and prayed to be permitted to make Proof of the said Will, and that Probate thereof be granted; and due Proof of the said Will having been made, before me, this day, as appears, by the deposition hereunto annexed, I declare the said Will hereunto also annexed, dated the tenth day of November,1942

marked with letter "A" to be Well and Duly Proved, and I DO hereby ORDER that the said Will be deposited in the Archives of the said Superior Court, at Montreal, and be registered in the register of Probates of the said Court, and that authentic copies of the said Will be given according to law.

Given under My Hand and the Seal of the said Superior Court,
at the said City of Montreal.

(Signed)

W.A.BAKER

Deputy-Prothonotary of the Superior Court.

I, the undersigned, do hereby certify that the foregoing ------

Last Will and Testament of the said JOHN HAROLD SMITH--------

and the order touching the Probate of the same are true copies of the originals remaining deposited in the Archives of the Superior Court at Montreal.

Montreal 25th March 1944.

Paul Cardinal.

Deputy-Prothonotary of the Superior Court.

5000-5-43—Form 0629

Superior Court

Judicial District of Montreal

No. 188

Last Will and Testament of the late

JOHN HAROLD SMITH

Probated the 22nd March, 1944

COPY

Sheet Destroyed, date.....
Date of last entry.....
Number of cases of drunkenness.....
Date of last instance of drunkenness.....

ROYAL CANADIAN AIR FORCE

J. A. T. P. CANADA

GENERAL CONDUCT SHEET

OFFICIAL No. (CAN) R 96679 NAME AND INITIALS SMITH J. H. (IN BLOCK LETTERS) DATE OF ENLISTMENT 16-7-41

SHEET No. ONE (IN WORDS) SIGNATURE AND RANK OF C.O. H. E. Bennett S/L FOR (G.E. NASH) W.C. DATE 19-8-41

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
No.4 Wireless School, Guelph	14-2-42	LAC		W.O.A.S.- ABSENTING HIMSELF WITHOUT LEAVE from 0815 hours 14-2-42 to 1000 hours, 16-2-42.	Documentary	10 days C.B.	17-2-42	(A.H.K.Russell)Wg. Comdr.	Wms 2.12.42 (W.M.T.)Flt.Lt. Adjutant
				CERTIFIED NO ENTRY		F/L. Adjt. Training Wing, 31 O.T.U. Debert N.S. 26.10.42.			
No.1 "Y" Depot Halifax, N.S.	8-11-42	SGT		A.W.L. from 23:59 hrs. 8-11-42 to 22:00 hrs. 9-11-42 22 hrs. 1 minute late reporting	WO II Kinnon J.M.	Reprimanded	12-11-42	(C.L. Weldon) S/L	S/L 12-11-42 Forfeits 1 days' pay
				To be carried over					

R.C.A.F. R. 71
50M—6-41 (288)
H.Q. 1062—3-53

SPECIAL RESERVE

J. A. T. P. CANADA

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

APPENDIX "D"
Bulletin No1150

(CAN)

AIRCREW (on Leave without Pay)

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

(a) That during the period of such leave, I will not be entitled to, no will receive any Pay or Allowances nor Medical Services.

(b) That if during the period of such Leave I should sustain any injury or suffer any illness resulting in my becoming physically or mentally unfit, I will not be entitled to be paid any disability pension be the Crown by reason of such injury or illness.

(c) That until I report after the period of such leave I will not be ebtitled to any issue of uniform or equipment.

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

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

[signature] F.C.
(Witness)

John Smith
(Signature of Recruit)

Quebec City. P.Q.
(Place)

July 16, 1941
(Date)

LEAVE OR PASS FORM

Date: July 16, 1941

(CAN)

No. R.96679 Rank. AC.2 Name. John Harold SMITH

was enlisted in the Royal Canadian Air Force on the 16th day of July 1941, and has been granted leave of absence without pay from the 17th day of July 1941, until the 17th day of August inclusive 1941, and ordered to report to the R.C.A.F. Recruiting Centre at Quebec.P.Q. at the expiration of his leave.

[signature] F.C.
(Signature of Attesting Officer)

A.F.M. 23 (D)
2-4-41

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

J. A. T. P. CANADA

RANK LAC (CAN) NO. R96679 NAME Smith, J.H.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT: DAY 1ST PILOT (A) Hrs	(A) Mins	DAY 2ND PILOT (B) Hrs	(B) Mins	DAY DUAL (C) Hrs	(C) Mins	NIGHT 1ST PILOT (D) Hrs	(D) Mins	NIGHT 2ND PILOT (E) Hrs	(E) Mins	NIGHT DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT: DAY 1ST PILOT (G) Hrs	(G) Mins	DAY 2ND PILOT (H) Hrs	(H) Mins	DAY DUAL (J) Hrs	(J) Mins	NIGHT 1ST PILOT (K) Hrs	(K) Mins	NIGHT 2ND PILOT (L) Hrs	(L) Mins	NIGHT DUAL (M) Hrs	(M) Mins	CREW DUTIES: OBSERVER (N) Hrs	(N) Mins	AIR GUNNER (O) Hrs	(O) Mins	OTHER (P) Hrs	(P) Mins	PASSENGER (Q) Hrs	(Q) Mins	TOTAL (R) Hrs	(R) Mins
#4 W.S.F.S. BURTCH																													14	45					14	45
	15-5-42																																		14	45
#7 B. & G.S. PAULSON Man.	6-7-42																												13	25					27	50

Total Flying Time at No. 7 B and G.S. 13 hrs. 25 mins.
Certified Correct
Date 4-7-42 W.L. Duncan F/L

No. 31 Operational Training Unit,
Royal Air Force

Flying Times for Period AUG 3 1942 to OCT 22 1942

14 10

CERTIFIED :-

S.B. Berry Squadron Leader
Chief Instructor, 31 O.T.U., R.A.F.

12/5/44

N. 17061. PERSONAL EFFECTS OF NO:- CAN/R/96679. SGT. SMITH. J. H.

1 attache case damaged containing:-

1 new testament.
1 blue leather wallet.
1 mouth organ.
1 hair brush.
1 pullover.
6 boxes of face powder.
1 pr braces.
1 pr doll's shoes.
8 handkerchiefs.
2 towels.
2 prs socks.
4 prs underpants.
7 singlets.
1 pr scissors.
2 prs pyjamas.
4 shirts.
1 writing case.
1 brown leather wallet.
1. R.C.A.F. wallet.
1 holdall with steel mirror.
1 bathing costume.
1 silver identity bracelet.
1 silver chain broken.

30/4/44

Next of kin: Not known.

R.A.

R96679 (RO)

Ottawa, Ont. 27 June, 1946.

REGISTERED

Mr. Arthur Jennings,
6671 Monkland Ave.,
N.D.G.,
Montreal, Que.

Dear Mr. Jennings:

It is a privilege to have the opportunity of sending you the Operational Wings and certificate in recognition of the gallant services rendered by your nephew Warrant Officer Class 2, J.H.Smith.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A.Dicks)G/C,
R.C.A.F. Records Officer

f

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

LP

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

k.l. 4 AIR

48758

DECEASED MEMBER'S NAME: John H. (CHRISTIAN NAMES) Smith (SURNAME)

REGISTER NO.

PAYEE: Receiver General of Canada

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 15151

DATE 31 Aug./45

SERVICE NO. R.96679

FINAL RANK OR RATING W02

DATE OF TERMINATION OF OVERSEAS SERVICE 3 Sept./43

DATE OF DISCHARGE 3 Sept./43

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 745 / 30 EQUAL TO 24 COMPLETE PERIODS AT $7.50	180.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 286 LESS 25 INELIGIBLE DAYS, EQUAL TO 261 DAYS @ 25c. PER DAY	65.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY $ 4.35		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
	ADDITIONAL PAY $		
	$		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $		
	TOTAL $ 5.60 ×7 = $ 39.20		
	NO. OF DAYS 286 / 183 ×$ 39.20	61.26	
D. WAR SERVICE GRATUITY		306.51	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 44.00		
	OTHER DEDUCTIONS $	44.00	
F. TOTAL AMOUNT PAYABLE		262.51	

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

P. & A. Bal. Trans. Trust Account
Journal Voucher # G/83

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
FNF	AMS

TREASURY

CHECKED BY	DATE
	5 9 45

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. SEP 4 1945
P. & A. SECTION

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R96679 RANK SGT. UNIT 500 SQDN (NAAF READ) (OVERSEAS)

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

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

NAME Smith, John Harold

MARITAL STATUS SINGLE RELIGION C. OF E. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP / ADDRESS: MRS. XXX E.D. JENNINGS, (XXXXX (GRANDMOTHER)
6671 MONKLAND AVE.,
MONTREAL, QUE.

NAME / ADDRESS / D.A.B.: MRS. EMILY JENNINGS,
SAME ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP / ADDRESS: MRS. E. JENNINGS, (GRANDMOTHER)
6671 MONKLAND AVE.,
MONTREAL, QUE.

FATHER'S NAME / ADDRESS — LIVING ON ENLISTMENT XX NO

BOTH DECEASED

MOTHER'S NAME / ADDRESS — LIVING ON ENLISTMENT NO

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NXX

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY------PCX253------d-7-SEPT-43
AIR MIN KWY-----XXXXXXXXXXXXXXXXXXXXXX PCX967----d-12-SEPT-43.

Recd Nov 6/43

XXXXXXXXX "MISSING" 3-SEPT-43 AFTER AIR OPERATIONS (OVERSEAS)

NOW REPORTED "KILLED" 3-SEPT-43 (BODY PICKED UP AT SEA)

(NEXT OF KIN ADVISED 12-SEPT-43)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/XX
2 WILLS

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

DATE 4-NOV-43

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

[signature]
FOR CHIEF OF THE AIR STAFF

ΔTS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 1757

R.C.A.F. A28B. OUTFIT ALLOWANCE PAID
WARRANT OFFICERS $ ON 30/7
OFFICERS $ ON
$ ON

MARRIED or SINGLE S.

APPOINTED or ENLISTED AT ON 16.7.41

RECORD OF PAY

NET RATE OF DEFERRED PAY $

BANKING ARRANGEMENTS

No. 1296679 NAME IN FULL SMITH JOHN HAROLD

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add Pay	Combined Rate	Pen. Ded.	Net for Night Rate of Pay £	Casualties affecting rate of pay
	6.7.42	S67	S6	A.S.	3/5		3/5			
706/20	6.1.43	F/S	S6	A.S.	3/5		3/5			From F/S 6/1/43 706/20 Dec 29/8/42 5436 (4) 3/5
9 675 920	6.7.43	W/O			4/5	21	3/5			

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Foster Mother		44 00	44 00
F/Mother Lease M. 12/-	1.10.43	44 00	0

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
(5) ind	29/43 AP2 XAAF	M 49/	d 12.9.40
Missing	3.9.43 AP2 NAAF	42/-	4.9.43
KILLED 3/9/43	AP2		

REMARKS

N.D.T. Class

PAY AND ALLOWANCES

Date	Particulars of Entry	Debit	Credit	Balance
	BROUGHT FORWARD		0	0
May	Pay 1-31 @ 3.45		106 95	
	G.P.	44 00		
June	Pay 1-30 @ 3.45		103 50	
	G.P. SOS. UK BAU. LONDON. 8.33	44 00		
July	Pay 1-31 @ 3.45		106 95	
	G.P.	44 00		
	B90 1725	28 16		
	B90 1225	28 16		
	B90 ~~2053~~	28 16		
	B90 1817	28 16		
	B90 2695	28 16		
Aug	Pay 1-31 @ 3.45		106 95	
	G.P.	44 00		
	B90 3075	28 16		
Sept	Pay 1-30 @ 3.45		103 50	
	G.P.	44 00		
	B90 4006	28 16		
	B90 4481	28 16		
	S.G.T. F/S 6/1/43-30/9/43 268 @ 30		80 40	
	Back Pay Prior 1.5.43 to D.P.	34 50		
	D.M.I. 13½ Cash in effects		11 16	
	All. 1-31/8/43 £ 3.1.6		13 74	
	All. 1-30/9/43 4/6		34	153 71
	CARRIED FORWARD	479 78	633 49	

Date	Particulars of Entry	Debit	Credit	Balance
	BROUGHT FORWARD		153 71	153 71
	From 2/42 Cash in effects		9 48	
	Adj. A/M F/S 25/4/43-2/43 11/-		2 46	
	Con W.O. 3 [illegible] Ltd F65	87 82		20 83
1944 NOV.	CMV 1030 RAF Bal. 30-4-43		108 43	129 26
	To Bal - N/E out to UK	189 26		
	W D Casey Sgt. RAOME	274 08	274 08	
DEC.	2/8/16/1706		189 26	189 26
	29/9/16 SM 36 Inc. on WO2 6/7-30/9 43 (3)		52 20	241 46
	To Bal.	241 46		0
		241 46	241 46	
	JAN 44 L.P.C. BAL.		241 46	241 46
	CARRIED FORWARD			

DEFERRED PAY NR404

Date	Particulars	Debit	Credit	Balance
	BROUGHT FORWARD			
Sept	Back Pay Prior 1.5.43 (2)		34 50	34 50
	Jan-June 1943-3/44 (2)		6 1 35	41 (2)
JUNE	17-4/36 89 D.P. BAL 30.4.43 (3)		8 15	43 26
DEC.	29/3/16 3966 Inc on WO2 6/7-30/9 43 (4)		4 2	43 48
	To Bal	43 48		- 0 -
		43 48	43 48	
(2)	JAN 44 L.P.C. BAL.		43 48	43 48
	CARRIE FORWARD			

241.46
43.48
£284.94

9 48
1 1 6
2 6 4

5018

R.C.A.F.
OVERSEAS HEADQUARTERS
RECEIVED
FEB 7
1945

J. A. T. P. CANADA

SPECIAL RESERVE
ROYAL CANADIAN AIR FORCE

(CAN)

INTERVIEW REPORT

SURNAME...SMITH.....

CHRISTIAN NAMES...John Harold.....

MARRIED.....Single.....NO OF CHILDREN..Nil.....

N.F

FLY-ING

EDUCATIONAL STANDING:- Number of years

High School..3 years...Technical...none..Commercial...none..

University (Name and dates of Attendance)....none.....

.....

Standing other Countries.....none.....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo.....none.....Dual.....none.....

Private " Solo...none...Dual.none...Passenger.nil

No. Hours & Types during last 2 yrs.....nil.....

MILITARY AND OTHER TRAINING:-

.....none.....

.....

.....

SPORTS:- (What branches)

Rugby. Hockey. Swimming.....

HOBBIES:....Singing. Reading.....

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

Keen, Intelligent youth. Has a fairly good .....

knowledge of French. Will developped physically.....

Might be somewhat overweight but training will put .....

him in shape. Should succeed as W.O.A.G.....

.....

.....

REFERENCES CHECKED--SATISFACTORY
" " --UNSATISFACTORY
" NOT CHECKED X

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK?.....No.....

BEST FITTED FOR....W.O.A.G.....

.....

DATE July 14, 1941

RECRUITING CENTRE
QUEBEC

A.F.M.5

LR Gingras F.O.

Signature of Officer

(LR.Gingras. F.O.)

AGE.....19.....
HEIGHT.....5'9"....
WEIGHT...175.....

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

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

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

MARRIAGE
Unfit.....
Medium.....
Athletic.....X.....

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

PHYSIQUE
Medium.....
Heavy set.....X.....
Slender.....

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

RESPONSE
Quick.....
Deliberate....X.....
Slow.....

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

EXCELLENT.....

ABOVE AVERAGE.....

AVERAGE.....X...

BELOW AVERAGE.....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

R & S

B

J. A. T. P. CANADA

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

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname Smith Christian Names J.H.

Number (CAN) R96679 Rank ~~LAC~~ Sgt.

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. 4 Wireless School. Course No. 33 To 8-6-42 From 22-12-41

2. *Flying Times*—

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

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

(c) In 2-seat aircraft as sole operator 14.25 hours.

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

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

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	41	Signals Organization	150	113
Radio Equipment	250	188	Armament	100	79
Morse (~~buzzer and lamp~~)	200	150	Drill and P.T	50	39
Procedure	200	156	TOTALS	1000	766

Maximum Marks, 1000. Marks Obtained 766 Percentage 76.6 Pass or Fail PASS

Position in Class 84 No. in Class 123

5. Date authorized to wear Wireless Operator's Badge 8-6-42

PART I—*Concluded*

WIRELESS TRAINING

Numerical assessment as to suitability for Commissioned Rank:

6. ~~Comments as to suitability for Commissioned Rank~~ .....

(To be marked on a basis of 500 marks)

.....

.....

.....310.....

.....

a/t Khusoe 3/C

Officer Commanding

No. ....4.... Wireless School

Date ..... 8 JUN 1942 .....

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

PART II

ARMAMENT TRAINING

1. No. ....& 7.... B. G. S. Course No. ....33....

2. Dates of Courses:— From ....8-6-42.... To ....6-7-42....

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft Battle	Day	Night	Passenger	Total Hrs. Mins.
.....	13:25	.....	.....	13:25
.....	.....	.....	.....	.....

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

(*a*) Beam Test ..... 11 6 %

(*b*) Beam Relative Speed Test ..... 6.8 %

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

5. *Total Rounds Fired*—

Ground ..... 530 %

Air to Ground ..... 300 %

Air to Air ..... 2300 %

6. *Assessment*— Marks Obtained

(*a*) Written Examination ..... (100 Marks) ....78....

(*b*) Practical and Oral Examination ..... (100 Marks) ....78....

(*c*) Ability as Firer ..... (250 Marks) ...186...

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

Totals ..... (~~600~~ 500 Marks) ...342...

7. Position in Class ....12.... No. in Class ....36.... Pass or Fail ..Pass.....

8. Date authorized to wear Air Gunner's Badge ....6-7-42.....

9. ~~Comments as to suitability for Commissioned Rank~~ Numerical assessment as to suitability for Commissioned Rank: .....

(To be marked on a basis of 250 marks) 220/250

10. Remarks .....

....Cheerful easy going type but intelligent and conscientious.....

....Good Character.....

R. J. Gale a/Sea

.....

Chief Instructor

No. ...7..... B. G. S.

Date ....6-7-42.....

PART II—*Concluded*

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School	1000	766
Bombing and Gunnery School	~~600~~ 450	~~342~~
TOTALS	~~1600~~ 1450	1108

12. Percentage 76.5 Pass or Fail Pass Position in Class 15

No. in Class 36

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

14. Remarks

Easy going. Above average intelligence and character.

W. E. Dipple G/C

Officer Commanding

No. 7 B. G. S.

Date 6-7-42

RECOMMENDED FOR:
A. Flying to 35,000 ft. or more.
~~B. Limited flying to 35,000 ft.~~
~~C. Flying only to 25,000 feet.~~

15

ALTITUDE TOLERANCE TEST. DATE 11-11-42

No. of 2 hrs. tests at 35,000 feet

1. 2. (3)

Symptoms

nil on 3 runs

mild on ..... "

moderate on ..... "

severe on ..... "

R96679

ac 2 Smith J St.

9
6
3
5
WAG
R96679
37

Smith J

NAME SMITH, John Harold FILE NO. 1022-S-2407

RANK Sgt. W.O.A.G CATEGORY KILLED REG. NO. R96679

DATE OF DEATH: 3-Sept-43 MOTHER LIVING: NO WIFE: NA

MINISTERIAL CARD: 5-11-43 ROYAL MESSAGE: 10-11-43 MEMORIAL CROSS TO CHAPLAIN:

To grandmother To grandmother DEL'D TO MOTHER:

DEL'D TO WIFE:

211179

Mrs. E.D. Jennings,
6671 Monkland Avenue,
Montreal, Quebec.

COMMAND:

RELIGION: C of E

AIR FORCE No. R96679

SMITH, JOHN HAROLD
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Quebec — DATE 16-7-41
RE-ENLISTMENT
C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

14

R.C.A.F. FORM R44(B)
30M-3-41 (9782)
H.Q. 1062-3-58

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	Quebec r/c	16	7	41	Q4/c65
SOS	Quebec r/c (amended)	19	8	41	Q4/c79, 102 86
T.O.S.	1M. D. Toronto	18	8	41	1MD199
S.O.S.	1M.D. Toronto	20	8	41	1M.D. 202
TOS	1B&GS. Jarvis	21	8	41	1B&GS 234
SOS	Quebec r/c	17	8	41	Q4/c86 102
SOS	1B&G Jarvis	22	11	41	1B&G 326
TOS	4WS Guelph, Ont	23	11	41	4WS.123
T.D.	Burtch	9/15	5	42	4WS 118
SOS	4W.S. Guelph	6	6	42	4WS133
TOS	7BGS. Paulson	7	6	42	7BG146
SOS	7BGS Paulson	31	7	42	7BG166AO 173
TOS	#31 OTU, Debert	1	8	42	31OTU.189
SOS	31OTU Debert	24	10	42	31OTU 258.
TOS	1Y Dep Halifax	8	11	42	1Y315
SOS	1Y Depot RAF Trainees Pool	22	11	42	1Y342
T.O.S.	RCAF. P.RC.	1	12	42	RAF.114
15151	Completed	MAR 28 1945			
Killed 3/9/43	PCX 25-3d 7/9/43				
S.O.S	to Overseas	22	11	42	E559
	Y S G Comp.	5	10	44	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	16	7	41	Q4/c65
LAC	22	12	41	4WS.145.
6				
Sgt.(T)(Pd)	6	7	42	7BG166AO
T/F.Sgt.(pd)	6	1	43	A7R02688 GB630
T/WO2 (pd)	6	7	43	A7R02688 GB727

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

HOSPITALIZATION (IN BLACK INK)

DATE / HOSPITAL / QUARTERS	FORM / ADMITTED / CONFINED	CATEGORY / DISCHARGE / RET'N DUTY	REMARKS / D.R.O.
15-7-41	R100	A3B	
3-12-41	M2	A3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
W.A.G.	8	16	7	41	Q4/c65
30/48					
WAG (Crse 33)	S.G.	6	7	42	7BG166AO

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Trans. from Co.31 to Co.33		22	12	41	4WS.5.
Trans. to Co.33					4W.S.109

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
17-7-41	17-8-41	32	Leave without pay (amended) (amended)	Q4/c65 86 81
17-7-41	19-8-41	34	LWOP	Q4/c81
~~17-7-41~~	~~17-8-41~~	~~32~~	~~LWOP~~	~~Q4/c86~~
13-7-42	31-7-42		Pre-embark & travel time	7BG166AO
25-10-42	7-11-42	14	Emb.	31OTU258.

R.C.A.F. OVERSEAS — ENLISTMENT MARTIAL STATUS — PRESENT MARTIAL STATUS — HIGH & TECH. SCHOOL EDUCATION — C. OFE. BAP. U.C. PRES. R.C. HEB. MIS. PRO. OTHER RELIGION — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. R96679 R

SMITH, JOHN HAROLD
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Quebec DATE 16-7-41
RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R44(B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 11-7-22 PLACE Montreal Que CITIZENSHIP British

FATHER (FULL NAME) John Richard Smith (deceased)

BIRTHPLACE Montreal Que.

MOTHER (FULL MAIDEN NAME) Elsie Daisy Jennings (deceased)

BIRTHPLACE Montreal, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X

JUNIOR MATRICULATION 3 yrs. High School Grade X Que.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

3

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

Cook in 1940
Cable Splicers helper - 1 yr.

7790

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTION

	AUTHORITY	DATE
A/G Badge	7BG/1664A	6-7-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Church of England

3

14. LANGUAGES English. (French fair)

1

15. SPORTS Rugby, hockey, swimming badminton, tennis, 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: A.C. Jennings — RELATIONSHIP Uncle

ADDRESS: 6671 Monkland Ave, Montreal Que. — D.R.O.

FULL NAME: — RELATIONSHIP

ADDRESS: — D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Pay 1 day					
Subs allce 1 day	16 7 41	24/265			
Ent. pay	18 8 41	1 M.D. 199			
Imp Pay Sub Allce	8/9 11 42	12/320			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	16 7 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
2 trs & stns		18-8-41	1 M.D. 199
Pub. qtrs & dr. stns.		20-8-41	1 BHS 234
Occ. pub. qtrs. & dr. stns.		22-11-41	4 st. S. 123
Issued S.L.W. # 71932		22-12-41	4 st. S. 147
Issued S.L.W. 71956.		2-4-42	4 W.S. 79

22.(a) ADDRESS PRIOR TO ENLISTMENT

6671 monkland Ave, Montreal Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) C.A.F.

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
					24-11-41	XX

AIR FORCE No. R 96679

3608 Smith John Harold.

SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Quebec

DATE 16-7-41

RELIGION C. of E.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
11-7-22	Montreal Que.	Canada	Br.	

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION x 3 yrs High Que.
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

7790

Cook

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
15-7-41	A3B		
3-12-41	A3B		

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 — 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. O. Jennings Uncle 6671 Monkland Ave. Montreal Que.
Mrs. E. D. Jennings (Grandmother) 6671 Monkland Ave. Montreal Que.
(CR 372)

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	16 7 41	Q Yc 65	W.A.G.	16 7 41	Q Yc 65
LAC	22 12 41	40TS/45	W.A.G. Crse 33	6 7 42	7BG/66
Sgt T (Pd)	6 7 42	7BG/66			
T/F Sgt	6 1 43	500 SQ 36/43 00630/43	AFRO 2688/43		
T/W O II	6 7 43	010 727/43	AFRO 2688/43		

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Trans from Co 31 to Co 33				22 12 41
Trans to Co 33	15/36			8/6/42
7BGS				6/7

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R.96679

SURNAME: SMITH. JOHN HAROLD

FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE: Quebec

DATE: 16-7-41

RELIGION: C. C of E

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
26-3-43	3-4-43	9	Un. Leave	Lyneham 6/2/43

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SoS	7BGS	Paulson	31 7 42	7BG 173 166 a0
SoS	1 ydy to Raz	Training Pool	22 11 42	1y 342
	Disembarked UK		30 11 42	E 559
2 af	at 3 RRC		1 12 42	Int 7
SoS	3 PRC to 1(c) OTU		19 1 43	35/22
att	FTU Lyneham		11/18 3/4 43	52/43
	Left UK for N. Africa		19 4 43	S 14 26.2 ED 5637 Ser 111/43
SoS	att 1 OTU to Lyneham (copy)		20 3 43	70/43
SoS	at 500 Sqdn		25 4 43	500 Sqn 4/43
att	500 Sqn - CAF Bone		29 8 43	500 Sqn. 25/43
	Missing from opl. flt.		3 9 43	500 SQDN 31/43.
F/B	Killed from 500 Sqd. M.E.		3 9 43	CR 372 AFRO 2005/43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
forfeits pay AW L 1 day 9-11-42	1y.320
Embarked	23-11-42

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
6 7 42	AFB Badge	7BG 166 a0