

NAME FUNGER, Harry

FILE NO. 1022-F-2476

RANK L.A.C. CATEGORY ACCIDENTAL DEATH

REG. NO. R161041

DATE OF DEATH: 12 March 44 MOTHER LIVING: NO

WIFE: NA

MINISTERIAL CARD: 28-3-44 ROYAL MESSAGE: NA  
To foster parents.

MEMORIAL CROSS  
TO CHAPLAIN:

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Max Fungler,  
168 Victoria Ave., North,  
Hamilton, Ont.

COMMAND:

RELIGION:

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

NUMBER		NAME	
[Blacked out]		[Blacked out]	

RANK		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.						
0	0										✓	✓						
1	1																	
2	2																	
3	3																	
4	4																	
5	5																	
6	6																	

2571-8-11-49.

77292

SERVICE AWARD CARD		RANK	
A	J	0	0
B	K S	1	1
C	L T	2	2
D	M U	3	3
E	N V	4	4
F	O W	5	5
G	P X	6	6
H	Q Y		
I	R Z		

[Handwritten signature]

Mrs. Catherine Junger (Foster-mother)

168 Victoria Ave., N.,

Hamilton,

Ont.

Oct. -44.

MEMORIAL BAR

DATE DESP

REGN. NO 2902

## RECORD OF SERVICE AIRMEN

7. BIRTH: DATE <i>22-10-18</i> PLACE <i>Montreal Que</i> CITIZENSHIP <i>British</i>	16. SINGLE-MARRIED-WIDOWER SEPARATED-DIVORCED <i>Single</i>			21. ENGAGEMENTS													
FATHER (FULL NAME) <i>Philip Gordon</i> <i>deceased</i>	WIFE (FULL MAIDEN NAME)			TERM		EFFECTIVE		D.R.O.		TERM		EFFECTIVE		D.R.O.			
BIRTHPLACE <i>unknown</i>	PLACE OF MARRIAGE			<i>Duration</i>		<i>24 3 42</i>											
MOTHER (FULL MAIDEN NAME) <i>Katie Mueller</i> <i>deceased</i>	AUTHORITY (IF AFTER ENLISTMENT)																
BIRTHPLACE <i>unknown</i>	17. MARRIED ESTABLISHMENT																
8. EDUCATIONAL STANDING HIGH SCHOOL ENTRANCE <input checked="" type="checkbox"/> <i>Ont.</i> JUNIOR MATRICULATION <input checked="" type="checkbox"/> <i>Ont.</i> SENIOR MATRICULATION <input checked="" type="checkbox"/> ( <i>senior school</i> ) <i>Ont.</i> TECHNICAL SCHOOL <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> CORRESPONDENCE COURSES <input type="checkbox"/> <i>6</i>	REMARKS			RANK		EFFECTIVE		D.R.O.		22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES							
9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F. <i>drug clerk - 1938-1940 Hamilton's Drug salesman - 1940-1941 Murray Auto Parts drug app. - 1941-1942. Balth's Pharmacy 7490</i>										FROM		TO		DATE		D.R.O.	
10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE <i>nil</i> <i>0</i>	18. CHILDREN																
11. HONOURS-AWARDS, MENTIONS	19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)																
12. FLYING EXPERIENCE ON ENLISTMENT (HOURS) SOLO <input type="checkbox"/> DUAL <input type="checkbox"/> PASSENGER <input type="checkbox"/>	FULL NAME: <i>Max Fungier</i>																
13. RELIGION <i>Hebrew</i> <i>7</i>	ADDRESS: <i>1168 Victoria Ave S.</i>																
14. LANGUAGES <i>English Jewish French (just fair)</i> <i>4</i>	FULL NAME: <i>Hamilton Ont</i>																
15. SPORTS <i>weightlifting football wrestling</i>	ADDRESS: <i>Hamilton Ont</i>																
	20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)																
	RATE CHANGES ETC.																
	1 day's pay <i>24 3 42</i>																
	<i>Forfeiture of pay (3 days) 23 7 42</i>																
	<i>17th 180</i>																

22.(A) ADDRESS PRIOR TO ENLISTMENT

*168 Victoria Ave S.  
Hamilton Ont**15502*

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN.CARD	O.H.F.
<i>28-4-42</i>	<i>10-4-42</i>	<i>21-4-42</i>				<i>Xx 126 88</i>

AIR FORCE No.

R161041

FUNGER, HARRY

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT PLACE *Hamilton Ont.*  
 RE-ENLISTMENT PLACE  
 DATE *24-3-42*

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

10

R.C.A.F. FORM R44(B)  
 30M-8-41 (637)  
 H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.			4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.
T.O.S.	Hamilton R/C.	24 3 42	H7/C49	A. L. 2.	24 3 42	H7/C49	P.O.C.	S	24 3 42	H7/C49	25-3-42	19-4-42	26	L.P.P.	H7/C49
S.O.S.	R/C Hamilton	19 4 42	H/C 57								23-12-42	29-12-42		Special	12TS299
T.O.S.	#1 MND Toronto	20 4 42	1MND 45	P.O.C.	30 12 42	12TS310	G.O. (It's)		1 7 42	1MND 157	9-1-43	21-1-43	14	annual	12TS25
							Tech. Asst. (MND)	S	21 9 42	1MND 246	20-7-43	22-7-43	2	Special	12TS92
S.O.S.	1MND Toronto	15 8 42	12ND 196				Tech Asst.	B	30 12 42	12TS310	21-6-43	5-7-43	14	Annual	1975145
T.O.S.	18 V.S. Toronto	16 8 42	11TS195				Tech Asst	A	1 7 43	12TS63					
S.O.S.	11TS Toronto	3 9 42	11TS211												
T.O.S.	1MND Toronto	4 9 42	1MND 214												
S.O.S.	1MND Toronto	18 11 42	1MND 218												
T.O.S.	no 1 185 Toronto, Ont	19 11 42	12TS 279												
T.O.S.	12TS22-MD 12TS47														
S.O.S.	1-1TS Toronto R.C.A.F. Died.	12 3 44	12TS 63												
				3. MEDICAL HISTORY											
				EXAMINATIONS (IN RED INK)											
				DATE	FORM	CATEGORY	REMARKS								
				HOSPITALIZATION (IN BLACK INK)											
				HOSPITAL	ADMITTED	DISCHARGE	D.R.O.								
				QUARTERS	CONFINED	RET'N DUTY									
				24-3-42	R100	A1B-A3B									
				Stn. Hosp.	16-6-42	20-6-42	1MND 145-149								
				Stn. Hosp.		28-7-42	1MND 145								
				C.S. H.	17-7-42		1MND 177-								
				STN. HOSP	16-10-42	19-10-42	252 252								
				5. COURSES-TESTS-ETC.											
				SUBJECT	RESULT	DATE	AUTHORITY								
				Tech. Asst (MND)	100	11/4/43	77 1MND								
				Tech Asst	9/90	1 4 43	12TS T.T.								
				Killed (m. 161 12-3-44)											
				Was computed 4 10 44											
				C/S/WSL											

AIR FORCE No. *R-161041*

*Funger*  
SURNAME

*Harry*  
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT PLACE *Hamilton, Ont.*  
DATE *March 24/42*

RELIGION *Hebrew*  
R.C.A.F. FORM R230

TYPE OF LEAVE				
FROM	TO	NO. DAYS	DESCRIPTION	AUTH.
<i>10-23-42</i>	<i>29-1-42</i>	<i>5</i>	<i>Spec</i>	<i>299 DRO</i>
<i>2-1-43</i>	<i>21-1-43</i>	<i>14</i>	<i>Annual</i>	<i>DRO-5</i>
<i>20-4-43</i>	<i>27-4-43</i>		<i>Special</i>	<i>DRO-92</i>
<i>6-30-43</i>	<i>4-7-43</i>		<i>Annual</i>	<i>DRO-145</i>
<i>4-11-43</i>	<i>28-1-43</i>	<i>5</i>	<i>Xmas</i>	<i>DRO-296</i>

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
✓		<i>Enl. - Hamilton</i>		<i>24 3 42</i>	<i>Leave without pay</i>
✓		<i>Hamilton</i>		<i>20 4 42</i>	<i>R.R.O.</i>
		<i>R/C</i>			<i>MOR 13</i>
		<i>19-4-42</i>			<i>awarded 3 days forfeiture of pay 23-7-42</i>
		<i>R/C Hamilton</i>	<i>#1 MD</i>	<i>20 4 42</i>	<i>#1 MD-95</i>
✗	✓	<i>#1 MD.</i>	<i>#1 I.T.S.</i>	<i>15 8 42</i>	<i>#1 MD-196</i>
✓	✗	<i>#1 I.T.S.</i>	<i>#1 MD.</i>	<i>3 9 42</i>	<i>DRO-211/42</i>
		<i>"</i>	<i>"</i>	<i>4 9 42</i>	<i>#1 MD 214</i>
✓		<i>#1 MD.</i>	<i>#1 I.T.S.</i>	<i>18 11 42</i>	<i>#1 MD-277</i>
		<i>Trans. (B) Trainee to</i>			<i>auth. to draw Ration allow</i>
		<i>(B) Staff</i>		<i>30 12 42</i>	<i>DRO-310</i>
		<i>Temp. duties - Dept of Physics - U. of T.</i>		<i>23 1 43</i>	<i>DRO-22</i>
		<i>ceases temp. duties at U. of Toronto.</i>		<i>22 2 43</i>	<i>DRO-47</i>
		<i>S.O.S. of the R.C.A.F. eff. 17 March/44 having died at Buffalo, N.Y., U.S.A. on 17 March 44 - DRO-63 d/15 March 44</i>			

ALL OTHER CASUALTIES	
CASUALTY AND DATE	AUTHORITY
<i>Adm. Stn. Hoop. 16-6-42</i>	<i>#1 MD-145</i>
<i>Disch. " " 20-6-42</i>	<i>#1 MD-149</i>
<i>Adm. G. S. Hoop. 17-7-42</i>	<i>#1 MD 177</i>
<i>Disch. G. S. Hoop. 28-7-42</i>	<i>#1 MD-185</i>
<i>Adm. Stn. Hoop. 16-10-42</i>	<i>#1 MD-252</i>
<i>Disch. " " 19-10-42</i>	<i>#1 MD-252</i>
<i>auth. to draw Ration</i>	
<i>allow. on annual leave</i>	<i>DRO-5-45</i>
<i>auth. to draw Ration allow effective 23/1/43</i>	<i>DRO-22</i>
<i>ceases to draw Ration allowances</i>	<i>DRO-47</i>

HONOURS, AWARDS AND MENTIONS		
DATE	AWARD	AUTHORITY
<i>4 10 43</i>	<i>C. T. Secrecy</i>	
<i>1 4</i>	<i>D.V.S.M.</i>	<i>DRO 17</i>

# ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

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

1. Surname FUNGER FULL Christian Names Harry.
2. Present Address 168 Victoria Ave. N. Hamilton, Ontario. Telephone 7-3334
3. Permanent Address 168 Victoria Ave. N., Hamilton, Ontario.
4. Place of Birth Montreal, Canada. Citizenship Canadian.
5. Date of Birth Oct. 22, 1918 ~~Married, Single, Widower, Separated, Divorced~~ Single.
6. Particulars of Children

Name	Date of birth	Name	Date of birth
None.			

7. Occupation Drug Apprentice. 8. Religion Hebrew.  
State denomination
9. Languages English (Fluently) Jewish (Fluently) French (Just Fair.)  
State proficiency
10. Next of Kin (Full Name) Max Fungler. Relationship Foster Father.  
" Address 168 Victoria Ave. N. Hamilton, Ontario.
11. Father (Full Name) Philip Gordon Birthplace Bessarabia, U.N.K.N.O.W.N.  
" Address Unknown Deceased Citizenship Unknown  
" Occupation Unknown
12. Mother (Full Maiden Name) Katie Muller Birthplace Unknown, Russia.  
" Address Unknown Deceased Citizenship Unknown
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
None.						

R.C.A.F. Records Office  
 Rec'd. APR 7 1942  
 O.K.J.C. O.B.  
 P.C. M.T. 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? NA  
When? NA Result NA
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No  
If so, state nature of disability NA
18. Have you ever been or are you now in receipt of a Disability Pension? No  
If so, state nature of Disability NA
19. Have you ever been convicted of an indictable offence? No. If so state nature NA
20. Are you in debt? No If so, state particulars NA

*DF*

433-87

*[Handwritten signature]*

## 21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Mount Royal P. School Hamilton, Ontario.	1924	1932	General Public School
High School—Collegiate Institute, etc.....	Central Collegiate Hamilton	1933	1938	Senior Matriculation
Technical School.....	Hamilton Tech. Inst.	1932	1933	Tech. & H.S. Subjects.
University or School other than above.....				
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Hamilton's Drug Hamilton	Drug Clerk.	1938	1940	Better Position.
Murray Auto Parts.	Salesman.	1940	1941	Better Position
Baxter's Pharmacy Hamilton, Ont.	Drug Apprentice.	1941	Present.	Join 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..... None.

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

Extensively Weightlifting.

Moderately..... Football, Wrestling.

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 persons who can give references as to character and ability.

Name	Address	Occupation
Harry Huffman.	9 Fife St., Hamilton, Ont.	Lieut. Fire Dept.
Charles Griffith	108 Wellington St., Hamilton	Munitions Worker.
Alfred Spittles.	50 Province St. N. Hamilton	Physical Instructor.
Harry Bach	106 Catherine St. S. "	Salesman.

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 Oct. 28

19 41.

Signature

Harry Junger



FOR OFFICIAL USE ONLY

*J. H. Stewart*

(A) Report of Interviewing Officer—

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

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

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

(B) Report of Trade Test (Not required for Standard (Tradesmen)—

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.....

DECLARATION MADE BY MAN ON ATTESTATION

I, Harry Fungor 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 March 24th 1942.

*Harry Fungor*  
Signature of Recruit

OATH TAKEN BY MAN ON ATTESTATION

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

Date March 24th 1942.

*Harry Fungor*  
Signature of Recruit

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 Hamilton, Ontario this 24th day of March 1942.

*J. H. Stewart*  
Signature of Officer

Commanding Officer  
Rank

No. 10 Recruiting Centre,  
R.C.A.F., Hamilton, Ontario.

FOR OFFICIAL USE ONLY  
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age 23 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..... left wrist at 10
- (r) Other Disease or Defect..... no

3. Have you ever worn glasses?..... no

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

4. Have you had any illness for more than one week's duration?..... Yes

Signature of Applicant J. J. Jung

Examiner's Remarks re above..... Pneumonia at 21.

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

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

2" scar on rt elbow

2. Height 5 feet 8 inches. 3. Weight..... 174 pounds.

4. Complexion..... fair 5. Color of Eyes..... Blue Hair..... fair

6. Development Good } Fair } Poor } 7. Chest Measurement—Full expiration..... 38 inches  
Range of expansion..... 3 inches

8. Hearing—Right..... WVR Left..... WVR Tympana—Right..... N Left..... N

9. Vision—Without glasses—Right..... 20/20 With glasses—Right.....  
Left..... 20/20 Left.....

10. Condition of mouth and teeth..... partial dentures obtained

11. Urine—Albumen..... neg Sugar..... neg

12. Abnormalities (Congenital and Pathological) found on Examination.....

C.V. - Safe on lites arches - Sees all colors correctly.

- 13. Reflexes..... N
- 14. Heart..... N
- 15. Lungs..... N
- 16. Blood Pressure..... 140/90 S. D.
- 17. Colour Vision..... sep. lamp ok

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

A1A2A3B

Any special remarks of the Medical Officers.....  
23/5/48 CHEST X-RAY NEGATIVE  
24/5/48 RECHECK SATISFACTORY

Date..... Dec 1 1941

Signature of President

Signature of Member

Member

K 230 prepared 20/12/43

SPECIAL RESERVE

# ROYAL CANADIAN AIR FORCE

## RECORD OF SERVICE AIRMEN

R161041  
A.F. No.

*Runger*  
Surname

*Harry*  
Christian Names

*Hebrew*  
Religion

Born *Oct 22* <sup>1918</sup> Place *Montreal*

Country *Canada*

Citizen of *Can* Racial Origin *Unknown*

### PARTICULARS OF FAMILY

M. S. D. W.

Wife's Maiden Name

Present Address (in pencil)

CHILDREN	NAMES	PLACE OF BIRTH	DATE	CHILDREN	NAMES	PLACE OF BIRTH	DATE

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

*Max Runger (Father (Estate))*  
*168 Victoria Ave N, Hamilton Ont*

### CIVIL EDUCATION

### CIVIL OCCUPATIONS AND EXPERIENCE

High School Entrance  Jr. Mat.  Sr. Mat.   
 Technical School *1 yr* Business Courses  
 University

*Drug Apprentice*

### PREVIOUS SERVICE

### ENLISTMENT

Med. Cat. DATE Med. Cat. DATE

*None*

Date *March 24/42*  
 At *Hamilton Ont*  
 Term *Duration of War*

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE TESTS AND COURSES				
						TRADE	GP	%	P or F	DATE
<i>AC 2</i>	<i>DR 318</i>	<i>24 3 42</i>	<i>TECHASST MED (B)</i>	<i>DR 310</i>	<i>30 12 42</i>	<i>Pilot - Obs</i>	<i>S</i>			
<i>LAC</i>	<i>318</i>	<i>30 12 42</i>				<i>Aircraft I.T.S.</i>	<i>#1100</i>			<i>17 42</i>
						<i>Tech Asst (Med)</i>	<i>811</i>	<i>88.2%</i>		<i>21 9 42</i>
						<i>TECHASST (MED) (B)</i>				<i>30 12 42</i>
						<i>Tech Asst</i>	<i>A - P</i>			<i>14 43</i>

### LEAVE

### CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
<i>D. 23-12-42</i>	<i>0630. 29-12-42</i>	<i>DRD. 299 Spec.</i>					
<i>auth to draw retalnce</i>	<i>24-12 to 28-12 incl.</i>						
<i>7-1-43 (14 days)</i>	<i>21-1-43 (DR 05)</i>	<i>Annual L</i>					
<i>29.2.26.27-4-43</i>	<i>Special DR. 0. 92</i>						
<i>0630 21/6/43</i>	<i>0630 4/7/43</i>	<i>14 days ann DR 05</i>					
<i>auth Ret allow</i>	<i>for abov period</i>	<i>" 14</i>					
<i>24 Dec 43</i>	<i>28 Dec 43 (5)</i>	<i>Xmas DR 296</i>					
			<i>14/10/43</i>	<i>C.T. Scow</i>	<i>77</i>		

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
DRO	Enl 24-3-42						
	Leave Without Pay		24-3-42				
	Hamilton						
	R/C						
	J O S		20-4-42				
DRO	Hamilton						
MOR 13	R/C						
	19-4-42						
#1 M.D. 95	R/C Hamilton	#1 M.D.	20-4-42				
#1 M.D. 145	Adm. Str.	Hoop.	16-6-42				
#1 M.D. 149	Disch. Str.	Hoop.	20-6-42				
#1 M.D. 177	adm C 8th	Hoop.	17-7-42				
#1 M.D. 170	Awarded 3 days forfeiture of pay		23-7-42				
#1 M.D. 185	Disch. C	S.H.	28-7-42				
#1 M.D. 196	#1 M.D. Toronto	#1 ITS Toronto	15-8-42				
DRO 211/42	1. ITS TORONTO	1. M Depot TORONTO	3-9-42				
#1 M.D. 214	"	"	4-9-42				
#1 M.D. 252	Adm. Str.	Hoop.	16-10-42				
#1 M.D. 252	Disch Str	Hoop	19-10-42				
#1 M.D. 277	#1 M.D. TORONTO	#1 ITS TORONTO	18-11-42				
DRO 310	trans from "B" trainee to "B" Staff		30-12-42				
DRO 5/43	Auth to draw Ration allowance on Annual leave 7-1-43 to 20-1-43 (14 days)						
D.R. 22	broaded on temp. duties <sup>3rd of January</sup> effective 23/1/43						
D.R. 22	Auth to draw ration allowance effective 23/1/43 (auth ref. 199(5) FR+1.)						
DRO 45	Leave to be on temp. duty at Dept. of physics University of Toronto 1300 hrs 22-2-43						
DRO 47	Leave to draw Ration on return from temp. duties.						

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank..... FUNGER, HARRY  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... R 161041 AC 2

(3) Unit..... No. 1 M DEPOT R.C.A.F. TORONTO

(4) Are you married?..... NO

(5) If married, state,

(a) Full name of your wife..... NA

(b) Present postal address of wife..... NA

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

(7) Are you a widower?..... NO

(8) Have you any children?..... NO Number of boys..... Girls.....

Names and ages.....

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

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

Name..... NA

Postal Address.....

[SEE OTHER SIDE]



(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

If so, state her full name and Postal Address ..... NO

(11) Is your father alive?..... YES

If so, state name and address, occupation. FUNGER, MAX, 168 VICTORIA AVE. N., HAMILTON ONT. COURT INTERPRETER

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

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

..... NA

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

(14) Is your mother alive?..... YES

If so, state name and address. FUNGER, KATHERINE 168 VICTORIA AVE. N. HAMILTON, ONT.

(15) If your mother is a widow, are you her sole or partial support?..... NA

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?..... This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship ..... NA

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months..... NA

(18) Are you insured?..... YES

If so, in what Company?..... METROPOLITAN LIFE INS. CO. (Give number of policy)

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

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

*Harry Fungger*  
(Signature of officer or man)

Date..... APRIL 21, 1942

Officer Commanding FOR (H. O. McDONALD) W/C

Date..... 21-4-42

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

# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full FUNGER H. (b) Reg'l. No. R 161041  
2. (a) Arm of service R.C.A.F. (b) Unit #1 M. DEPT (c) Rank PLS2  
3. (a) Date of birth April 21 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment HAMILTON, ONT.  
4. (a) Place of enlistment HAMILTON, ONT. (b) Date of enlistment MAR 21 1942

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? School  
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.) Senior Matriculation  
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? Yes (b) If so, for what occupation? Pharmacist (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 2 1/2 yrs  
9. (a) What languages do you speak fluently? English, French (b) What languages do you read well? English, French

## 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? Ontario College of Pharmacy

## 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 E. J. Darter Address Hamilton, Ont  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Pharmacist  
20. (a) Your specific occupation Pharmacist (b) Number of years' experience at this occupation with any employer 2 1/2 yrs  
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

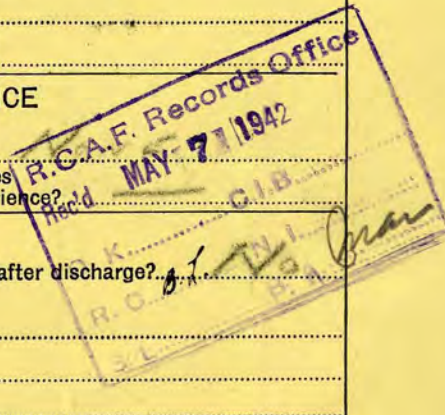
## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?  
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (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?  
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.

DATE April 21 1942 SIGNATURE Harry FUNGER



ROYAL CANADIAN AIR FORCE  
 REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING RCAF T58A  
 Revised: 1-42

SURNAME **Funger** CHRISTIAN NAMES **H.** NUMBER **R161041** RANK **AC2**  
 I.T.S. **No.1** COURSE NO. **60** FROM **17-8-42** TO **9-10-42**  
 E.F.T.S. COURSE NO. FROM TO  
 S.F.T.S. COURSE NO. FROM TO  
 TRAINEE FROM: CAN. U.K. AUS. N.Z.

(1) G.I.S. RESULTS (2) Flying Results

SUBJECTS	Finals			Supps.			TESTS	EFTS	SFTS
	ITS	EFTS	SFTS	ITS	EFTS	SFTS			
1. Mathematics							20 Hours		
2. Law, Discipline							Instrument		
3. Navigation							Clear Hood		
4. General Studies							Navigation		
5. Airmanship							TOTAL OBTAINED		
6. Airframes							TOTAL POSSIBLE		
7. Aero-Engines							PERCENTAGE		
8. Theory of Flight							NUMBER IN CLASS		
9. Anti-Gas							POSITION IN CLASS		
10. Armament(Written)							(3) FLYING APPITUDE	EFTS	SFTS
11. Armament(Practical)							1. Natural Skill		
12. A/C Recognition							2. Skill in landing		
13. Drill							3. Airmanship		
14. Signals(Written)							4. Cockpit Drill		
15. Signals(Practical)							5. Instrument Flying		
16. Meteorology							6. Night Flying		
TOTAL OBTAINED							7. Aerobatics		
TOTAL POSSIBLE							8. Formation Flying		
PERCENTAGE							9. Map Reading		
NUMBER IN CLASS							10. Wind Speed & Direction Finding(TE)		
POSITION IN CLASS							11. Straight Runs over as Pilot+(TE)		

(4) FLYING TIME

School	Type A/C	DAY		NIGHT		Formation	Instrument	Link	NAVIGATION		Dual to First Solo	Passenger
		Dual	Solo	Dual	Solo				Dual	Solo		

(5) ACCIDENTS (C.A.P. 100 Sec.4)

SCHOOL	Type of Aircraft Para 27	Assessment of Blame Para 25	Previous Communications	Signature of C.S.O. or C.I.



(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING


SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.							
S.F.T.S.							

(7) S.F.T.S. FINAL STANDING	Marks Obtained	(8) ASSESSMENT OF CHARACTER AND LEADERSHIP TOTAL		(9) CERTIFIED: (a) That this pupil pilot has (has not) passed all tests required for Pilot's Flying Badge. (b) That this pupil is (is not) authorized to wear the Pilot's Flying Badge, w.e.f.  .....  Chief Instructor No. S.F.T.S.
		I.T.S.	S.F.T.S.	
Flying (para.2)				
G.I.S. (Para.1)				
Character & Leadership (Para.8)				
TOTAL				
PERCENTAGE				
STANDING IN CLASS				

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY.

(a) I.T.S.

This airman has been categorized A4B, due to defective color vision. He is a serious, dependable type of airman, whose deportment, conduct and application at this Unit were quite satisfactory. Course not completed - examinations not written. This airman has ambitions to become an aeronautical engineer. Posted to No. 1 Manning Depot, Effective and reporting 3-9-42.



H.W. Kenrick, Wing. Comdr.  
Commanding Officer  
No. 1 I.T.S. RCAF., Toronto, Ont.

(b) E.F.T.S.

.....  
Chief Supervisory Officer  
No. E.F.T.S.

(c) S.F.T.S.

.....  
Chief Instructor  
No. S.F.T.S.

(d) S.F.T.S.

.....  
Commanding Officer  
No. S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

- Actual marks to be given for 1, 2, 7, and 8.
- Para. 2 - Total for E.F.T.S. is from 60 hour Clear Hood Test and Instrument Test only (omit 20 hour test in total).
- Paras. 3 and 6 to be assessed as : Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
- Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P.(Ex.)".
- Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A. 51/2

# ROYAL CANADIAN AIR FORCE

## SERVICE CONDUCT SHEET

Official No. R161041 Name and Initials FUNGER, H. Date of Enlistment 24-4-42 Sheet No. One Signature S. B. Foster Date 31-7-42  
 (IN BLOCK CAPITALS) (IN WORDS) and Rank of C.O. for H.O. McDonald W/C

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
"11" Depot, Toronto, Ont.	21-7-42	AC2		Found in a place beyond limits fixed by Hosp. Standing Orders. In that he, whilst a patient of Christie Street Hospital, was found on sidewalk of Christie Street Hospital in front of Hospital.	R87786 Sgt. Brown, C. (Christie Street Hospital)	Forfeits 3 days pay in lieu of Det'n. Sec. 46 A.F.A.	23-7-42	T. Ferris, Lieut. Officer i/c Disc. Christie St. Hosp.			S.B.F. Forfeits 3 days pay in lieu of Det'n. Sec. 46 31-7-42 A.F.A.
To be carried over											



# Upper School Examination

ONTARIO  
DEPARTMENT OF EDUCATION

HARRY FUNGER,

a candidate for the Upper School Examination held  
at HAMILTON (CENTRAL C.I.) in June, 1935  
is entitled to the standing indicated in the annexed schedule.

Certified,

Toronto, August, 1935.

Registrar.

NOTE 1:—Standing granted at this examination will be accepted pro tanto for High School Graduation and for admission to a Normal School or to a College or University in Ontario. The full admission requirements will be found in the syllabuses of these institutions.

NOTE 2:—If this certificate shows that the candidate has obtained 40 per cent. or more of the marks assigned to a paper in English Literature or Composition, in Algebra, Geometry or Chemistry, in Latin, French, German, Greek, Spanish or Italian Authors or in Latin, French, German, Greek, Spanish or Italian Composition, the candidate has Middle School credit standing in such paper.

Note 3:—Candidates who fail in one or more papers are referred to the reverse side of this certificate for additional information.

		SCHEDULE	
		A	B
(a) Maximum for each paper, 100.			
(b) Proficiency standing, column A, by papers and Honour standing, column B, by subjects, are indicated as follows:—			
	First (75-100)	1st I	
	Second (66-74)	2nd II	
	Third (60-65)	3rd III	
	Credit (50-59)	C	
	Failure (below 50)	By the marks	
	A paper not written	XX	
	Honours not obtained	XXX	
(c) In the case of a failure, if the paper has been re-read, "R" is entered after the marks.			
English	Composition	C	XXX
	Literature	XX	
Modern History		XX	XXX
Mathematics	Algebra	XX	
	Geometry	XX	XXX
	Trigonometry	XX	
Biology	Botany	XX	XXX
	Zoology	XX	
Physics		XX	XXX
Chemistry		XX	XXX
Latin	Authors	XX	XXX
	Composition	XX	
French	Authors	XX	XXX
	Composition	XX	
German	Authors	XX	XXX
	Composition	XX	
		XX	XXX
Composition		XX	



# Upper School Examination

ONTARIO

DEPARTMENT OF EDUCATION

HARRY FUNGER,

a candidate for the Upper School Examination held at

HAMILTON (CENTRAL C. I.) in June, 1938,

is entitled to the standing indicated in the annexed schedule.

Certified,

Toronto, August, 1938

Registrar.

NOTE 1:—Standing granted at this examination will be accepted pro tanto for High School Graduation and for admission to a Normal School or to a College or University in Ontario. The full admission requirements will be found in the syllabuses of these institutions.

NOTE 2:—If this certificate shows that the candidate has obtained 40 per cent. or more of the marks assigned to a paper in English Literature or Composition, in Algebra, Geometry or Chemistry, in Latin, French, German, Greek, Spanish or Italian Authors or in Latin, French, German, Greek, Spanish or Italian Composition, the candidate has Middle School credit standing in such paper.

NOTE 3:—Candidates who fail in one or more papers are referred to the reverse side of this certificate for additional information.

### SCHEDULE

- (a) Maximum for each paper, 100.  
 (b) Proficiency standing, column A, by papers and Honour standing, column B, by subjects, are indicated as follows:
- |                      | A            | B   |
|----------------------|--------------|-----|
| First (75-100)       | 1st          | I   |
| Second (66-74)       | 2nd          | II  |
| Third (60-65)        | 3rd          | III |
| Credit (50-59)       | C            |     |
| Failure (below 50)   | By the marks |     |
| A paper not written  | XX           |     |
| Honours not obtained |              | XXX |
- (c) In the case of a failure, if the paper has been re-read, "R" is entered after the marks.

		A	B
English	Composition	XX	XXX
	Literature	XX	
Modern History		XX	XXX
Mathematics	Algebra	2ND	II ✓
	Geometry	2ND	
	Trigonometry	XX	XXX ✓
Biology	Botany	XX	XXX
	Zoology	XX	
Physics		3RD	III ✓
Chemistry		2ND	II ✓
Latin	Authors	XX	XXX
	Composition	XX	
French	Authors	XX	XXX
	Composition	XX	
German	Authors	XX	XXX
	Composition	XX	
		XX	XXX
Composition		XX	



# Upper School Examination

ONTARIO

DEPARTMENT OF EDUCATION

HARRY FUNGER

a candidate for the Upper School Examination held at HAMILTON (CENTRAL C.I.) in June, 1937, is entitled to the standing indicated in the annexed schedule.

Certified,

*J. Bowles*

Toronto, August, 1937.

Registrar.

NOTE 1:—Standing granted at this examination will be accepted pro tanto for High School Graduation and for admission to a Normal School or to a College or University in Ontario. The full admission requirements will be found in the syllabuses of these institutions.

NOTE 2:—If this certificate shows that the candidate has obtained 40 per cent. or more of the marks assigned to a paper in English Literature or Composition, in Algebra, Geometry or Chemistry, in Latin, French, German, Spanish or Italian Authors or in Latin, French, German, Greek, Spanish or Italian Composition, the candidate has Middle School credit standing in such paper.

NOTE 3:—Candidates who fail in one or more papers are referred to the reverse side of this certificate for additional information.

### SCHEDULE

- (a) Maximum for each paper, 100.  
 (b) Proficiency standing, column A, by papers and Honour standing, column B, by subjects, are indicated as follows:
- |                      | A            | B   |
|----------------------|--------------|-----|
| First (75-100)       | 1st          | I   |
| Second (66-74)       | 2nd          | II  |
| Third (60-65)        | 3rd          | III |
| Credit (50-59)       | C            |     |
| Failure (below 50)   | By the marks |     |
| A paper not written  | XX           |     |
| Honours not obtained |              | XXX |
- (c) In the case of a failure, if the paper has been re-read, "R" is entered after the marks.

		A	B
English	Composition	XX	XXX
	Literature	C	
Modern History		XX	XXX
Mathematics	Algebra	37R	
	Geometry	XX	XXX
	Trigonometry	2ND	
Biology	Botany	XX	XXX
	Zoology	XX	
Physics		XX	XXX
Chemistry		XX	XXX
Latin	Authors	XX	XXX
	Composition	XX	
French	Authors	C	XXX
	Composition	C	
German	Authors	XX	XXX
	Composition	XX	
		XX	XXX
Composition		XX	

6

9

6

3

5

9

A 33 11

DECLARATION

I, HYMAN FUNGER, do solemnly declare as follows:

- (1) I am a natural born British subject and I was born at Montreal, Quebec, on the twenty-second day of October, 1918.
- (2) On my adoption papers my name is as set out above, namely HYMAN FUNGER.
- (3) I have changed my name and intend and desire to be known henceforth as HARRY FUNGER, rather than the name HYMAN FUNGER.

AND I make this solemn declaration, conscientiously believing it to be true and knowing it to be of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

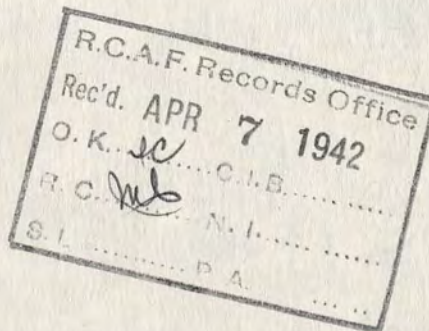
DECLARED before me in the City of )  
Hamilton, Ontario, this twenty- )  
third day of March, 1942. )

*Hyman Fungger.*

SIGNATURE OF DECLARANT

*J. G. Byrie*

(J. G. Byrie) Squadron Leader,  
Commanding Officer,  
#10 Recruiting Centre, RCAF.,  
Hamilton, Ontario.



DEPARTMENT OF NATIONAL DEFENCE  
NAVY                      ARMY                      AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

*J. L.*  
**4**  
**AIR**

**E387-12**

DECEASED MEMBER'S NAME

**Harry**

(CHRISTIAN NAMES)

**Junger**

(SURNAME)

REGISTER NO.

FILE NO. **25632**

DATE **15 Oct/45**

SERVICE NO. **R161041**

FINAL RANK OR RATING **LAC**

DATE OF DISCHARGE **12 Mar/44**

PAYEE ADDRESS

**Receiver General of Canada,  
Director of Estates,  
Ottawa, Ont.**

DATE OF TERMINATION OF OVERSEAS SERVICE **n.a.**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **691** EQUAL TO **23** COMPLETE PERIODS AT \$7.50

\$ **172.50**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY	\$
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$
ADDITIONAL PAY	\$
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$
TOTAL	\$ X7 = \$
NO. OF DAYS	183 X\$

**D. WAR SERVICE GRATUITY**

**172.50**

E. DEDUCTIONS	OVERPAYMENT OF	PAY AND ALLOWANCES	\$
		DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$
	OTHER DEDUCTIONS		\$

**F. TOTAL AMOUNT PAYABLE**

**172.50**

**G. YOUR PORTION OF GRATUITY IS—**

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

**P. & A. Bal. Trans. Trus Account  
Journal Voucher # G245**

**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 **REN** CHECKED BY **drm**

TREASURY  
CHECKED BY *[Signature]* DATE **16 10 45**

*[Signature]*  
SERVICE REPRESENTATIVE

*RECEIVED  
C. G. T. I. N.  
OCT 28 1945  
CAF 98 120*



**ROYAL CANADIAN AIR FORCE**

**STATEMENT OF WAR SERVICE GRATUITY**

MEMBER'S NAME: HARRY HUNGER  
 (Christian Names) (Surname)

PAYEE: RECEIVER GENERAL OF CANADA,  
 (Christian Names) (Surname)

ADDRESS: ector of Estates,  
 wa, Ont.

Register No. ....  
 File No. 25632  
 Date 13 Oct/45  
 Service No. R161041  
 Final Rank or Rating LAC  
 Date of Discharge 12 Mar/44

Date of Termination of O/S service N.A.

**A. TOTAL QUALIFYING SERVICE**

No. of days 691 equal to 23 complete periods @ \$7.50  
30

\$      ¢  
172.50

**B. QUALIFYING OVERSEAS SERVICE**

No. of days      less      ineligible days, equal to      days @ 25¢ per day

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

Daily Rates at Discharge

Pay .....\$.....

Subsistence or Lodging  
 and Provision Allowance .....\$.....

Additional Pay .....\$.....

Dependents' Allowance 1/30 of \$ .....\$.....

TOTAL \$                      x 7 = \$

No. of days 183                      x \$

**DD. WAR SERVICE GRATUITY**

172.50

**E. Deductions**

Overpayment of      Pay and Allowances \$  
    Dependents' Allowance \$  
    and Assigned Pay

Other deductions                      \$

**F. TOTAL AMOUNT PAYABLE**

172.50

**G. YOUR PROPORTION:** (D.A. in issue to you      )  
 (Total D.A. in issue      =      of \$      )

PREPARED BY <u>REY</u>	CHECKED BY <u>DRM</u>
---------------------------	--------------------------

*Hunger*

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

CASUALTY  
12.35  
V.S.S.

<u>NUMBER</u>	<u>FINAL PAID RANK</u>	<u>GROUP</u>	<u>CHRISTIAN NAMES</u>	<u>SURNAME</u>
R.16/1041	L.P.C.	12	Harry	George

Reason for termination of service: Wounded 12.3.44  
Mr. 1614/12.3.44

**TOTAL SERVICE:**

T.O.S. 24.3.42 S.O.S. 12.3.44 720 DAYS

T.O.S. \_\_\_\_\_ S.O.S. \_\_\_\_\_ \_\_\_\_\_ DAYS

TOTAL 720 DAYS

**LESS NON-QUALIFYING SERVICE:**

From: 25.3.42 To: 19.4.42 26 DAYS

From: 23.7.42 To: 25.7.42 3 DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_ DAYS

TOTAL QUALIFYING SERVICE 691 DAYS

**OVERSEAS SERVICE:**

From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_ DAYS

TOTAL NIL DAYS

**LESS NON-QUALIFYING SERVICE:**

From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_ DAYS

From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_ DAYS

TOTAL QUALIFYING OVERSEAS SERVICE NIL DAYS

1655  
926  
720

11/10/45

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

M. J. [Signature]  
R.C.A.F. RECORDS OFFICE  
OTTAWA

COMPUTER'S INITIALS	[Signature]
CHECKER'S INITIALS	[Signature]
DATE	<u>30.7.45</u>

ROYAL CANADIAN AIR FORCE

Register No. 25632

CASUALTIES ONLY

For purposes of W.S.G.  
Casualties include death  
subsequent to discharge.

File No. \_\_\_\_\_

THE WAR SERVICE GRANTS ACT, 1944

Ottawa, 24 Sept. 1945

TO: Chief Treasury Officer,  
Dependents' Allowance and Assigned Pay Branch

Service No. R161041

Name: Harry FUNGER  
(Christian Names) (Surname)

Please supply the following information in respect of the marginally-named at the time of his discharge or death and return this form in duplicate to the undersigned.

12-3-44.  
(Discharge Date:)

Gordon C. Wilson S/H  
for (J. MacL. Murray) Air Commodore  
Director of Accounts and Finance.

Name	Amount
Names of persons in receipt of D.A. and amounts of monthly awards.	\$ <u>nil</u>
If no D.A. in issue, list names of persons in receipt of A.P. who may be classed as dependents under the War Service Grants Act, 1944, and amounts of monthly assignments.	<u>nil</u>
Names of persons to whom assigned pay was continued by supplementary award after death.	<u>nil</u>
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	<u>nil</u>

26-9- 1945.

G. Ross  
for Chief Treasury Officer,  
D.A. & A.P. Branch.

C.T.O., D.A.&A.P.

Overpayment of D.A. and/or A.P. recovered from W.S.G. \$ \_\_\_\_\_

\_\_\_\_\_ 194  .

\_\_\_\_\_ for C.T.O.

(This form to be used only for pay assignment applications)

PREPARE IN TRIPLICATE



TRIPLICATE

FIFTH VICTORY LOAN FIGHTING SERVICES PURCHASE AGREEMENT BY PAY ASSIGNMENT

Information for Applicant and Canvasser

The monthly amounts to be assigned are as follows: \$500 bond—\$84.00; \$100 bond—\$16.80; \$50 bond—\$8.40; Pay assignments will be effective for the months of November, 1943 to April, 1944, inclusive.

This form shall be carefully completed in triplicate, using a type-writer if possible. Otherwise use ink or indelible pencil and print in block letters. Each copy must be signed. The original and duplicate are to be delivered to the proper pay authority and the triplicate retained by the Unit or Establishment.

The Assignment of Pay Form M.F.M. 17 (or Declaration of Allotment Form) is NOT required.

The Department of Finance will hold bond(s) in safekeeping during term of service, or they may be delivered to another person, as the applicant shall direct.

In the event of the subscriber being discharged from the service before all instalments are paid, he can make the balance of his payments direct to the Department of Finance, Ottawa, Canada.

If the subscriber dies before all instalments are paid, the amount standing to his credit in the Purchase Account will be transferred to the credit of his Service pay account.

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

I, FUNGER Harry LAC Official No. R161041

Unit or Establishment No. 1 I.T.S., Toronto, Ont. NAVY - ARMY - AIR

do hereby subscribe for \$ 100.00 FIFTH VICTORY LOAN 3% Bond(s) by means of assignments of my pay and

I hereby authorize a monthly assignment of \$ 16.80 payable to Receiver General of Canada, Fifth Victory Loan Account, against my pay for the months of NOVEMBER, 1943, to APRIL, 1944, inclusive, the form, denominations and delivery of bonds to be as follows:

Table with 4 columns: Bond Type, \$1,000, \$500, \$100, \$50. Rows include BEARER BONDS, REGISTERED only as to principal, and FULLY REGISTERED as to principal and interest.

★IMPORTANT—If registered bonds desired, complete the registration instructions below.

(Furnish at least one Christian name. If bond to be registered in name of a married woman be sure to state HER Christian name.)

REGISTRATION INSTRUCTIONS PRINT FULL NAME

COMPLETE POSTAL ADDRESS

DELIVERY INSTRUCTIONS Hold bond(s) in safekeeping for me at the Department of Finance until I instruct otherwise.

Mail bond(s) by registered mail to the following address:

NAME Mrs. Max Fungor

168 Victoria Ave., Hamilton, Ont.

COMPLETE AND CORRECT POSTAL ADDRESS

Date Oct. 18 1943

Signature of subscriber Harry Fungor

For use of Paymaster and Treasury Officer: NOTED: Deductions of the above assignments have been recorded and deductions will be made for the months of November, 1943 to April, 1944, inclusive.

By: [Signature] (Paymaster) No. 1 Initial Training School, Toronto (Unit or Establishment) (Place)

And by: (Treasury Officer) (Place) (Date)

For Department of Finance use: Instalments credited:

Table for instalments credited with columns for \$ amounts and Total \$.

Serial Numbers issued

Mailed 194

For Naval use only: ENTERED IN SHIP'S LEDGER:

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R161041** RANK **LAG** UNIT **1 ITS**  
 TRADE **MED. TECH.** TORONTO, ONT.  
 NAME **FUNGER, HARRY (ADOPTED)**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<b>X</b>				

MARITAL STATUS **SINGLE** RELIGION **HEBREW** CANADIAN **YES**  
 FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MR. MAX FUNGER, (FOSTER FATHER)**  
 ADDRESS **168 VICTORIA AVE., N., HAMILTON, ONT.**  
 NAME ADDRESS D.A.B.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MR. M. FUNGER, (FOSTER FATHER)**  
 ADDRESS **168 VICTORIA AVE., N., HAMILTON, ONT.**

FATHER'S NAME ADDRESS LIVING ON ENLISTMENT **NO**  
**MR. & MRS. MAX FUNGER, (FOSTER PARENTS)**  
 MOTHER'S NAME ADDRESS LIVING ON ENLISTMENT **NO**  
**168 VICTORIA AVE., N., HAMILTON, ONTARIO.**

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

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. **1 ITS---M174---d-15-MARCH-44.**  
**1 ITS---M161---d-12-MARCH-44.**

**NR5/16-MARCH**  
**NR58/12 MARCH**

"ACCIDENTAL DEATH" **12-MARCH-44** AS A RESULT OF INJURIES SUSTAINED BY **FALLING DOWN CELLAR STEPS PRIVATE RESIDENCE. (FRACTURE CERVICAL VERTEBRAE)**

(ON 48 HOURS PASS)



LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? **YES/NO** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? **YES/NO**

DATE **23-MARCH-44**

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

*Wm Bushell*  
 FOR CHIEF OF THE AIR STAFF

Mr. Max Fungler,  
 168 Victoria Ave. N.  
 Hamilton, Ont.

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-F-2476-FD73

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

April 8 1944

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

FUNGER, Harry, LAC.

R161041 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.

GSG/CF

*G.S. Giboy F/O*  
 for (N.O. Seagram) S/Ldr.  
 for (L.M. Firth) Lt.-Col.

Administrator of Estates.

## 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.....	Deceased		
4	Mother of the Deceased.....	KATIE FUNGER	52	168 Victoria Ave. N Hamilton, Ont.
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
		nil		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Harry Funger
9	Date of his birth.	Oct. 22/1918
10	Place and date of his marriage.	<del>Oct 22/1918</del> Montreal, Que
11	Place and date of his parents' marriage.	Nov. /1912 Russia

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Que
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 - 14 year (b) (c) Ontario - (d) Wentworth - 12 years
14	Nature of employment before enlistment.	Student of Pharmac
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.	Not known

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not known
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?	—
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.	Nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1 V. Bond not fully paid.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life - 2500 Katie Funger
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	1931 Ford Roadster. (\$150 <sup>00</sup> )

## 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.)



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

\* Stepfather of the deceased.

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

Max Junger

168 Victoria Ave W. Hamilton

Signature of Informant Address

CERTIFICATE

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

\*See above.

Max Junger { Name of informant } is the\* step father 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 Hamilton this 14<sup>th</sup> day of April 19 49

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

James M. C. [Signature] Qualification Magistrate

Address Central Police Station Hamilton

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

W161041

LAC

FUNGER

HARRY

5. UNIT OR SHIP

6. DATE OF CASUALTY

7. H. Q. FILE NO.

8. RELIGION

No. 1 I.T.S., Toronto

18th March/44

(1022-F-2476)

~~44-1~~

Hebrew

9. CIRCUMSTANCES OF CASUALTY

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Fractured neck sustained in fall while visiting  
164 Wecker Street, Buffalo.

Max Funger, (Foster Father) 168 Victoria Ave., N.  
Hamilton, Ont.

11. LOCATION OF UNIT AT TIME OF CASUALTY

No. 1 I.T.S., Toronto, 1107 Avenue Rd., Toronto.

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

12. CEMETERY

13. LOCATION OF CEMETERY

14. GRAVE LOCATION

15. REGISTERED NO. OF GRAVE

Beth Jacob Jewish Cemetery

Snake Road Waterdown

Grave..... Single

Plot..... 55 A

Row..... Row 6

55A

16. PHOTOGRAPH OF GRAVE TAKEN

17. EXPOSURE NO.

18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO

#33 A.N.S. Mount Hope,  
Photographic Sect.

744  
745  
746  
747

Max Funger, 168 Victoria Ave., N.  
Hamilton, Ont.

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

AIR

Name: **FUNGER, Harry** No.: **R161041**  
 Surname Christian Names

Rank **LAC** Unit **No. 1 I.T.S.** Date of Death **12-3-44**

AMOUNT **W.S.G.** **172.50**  
**L.P.C.** \$ **169.77**

Date: **18-1-46**

Other Credits.....  
 Total..... **342.27**  
 Prev. Dist. **169.77**  
 This Dist. **172.50**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Foster-Mother	Mrs. Catherine Fungler 168 Victoria Ave. N. Hamilton, Ont.  (Sole beneficiary per will)	172.50

P.4. TO TREAS.

JAN 22 1946

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 9280	833	01	70	000	172.50
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

*CLF*

(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

NV

Estates Form "P. 4"

R.C.A.F.

Name: JUNGER ..... Harry ..... No.: R.161041  
Surname Christian Names

Rank L.A.C. ..... Unit # 1, I.T.S. ..... Date of Death 12-3-44

AMOUNT

L.P.C. .... \$ **169.77**

Date: September 23, 1944 .....

Other Credits .....

Total ..... **169.77**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
A 11	Foster Mother	<p>Mrs. Catherine Fungar,                      168 Victoria Ave., N.,                      Hamilton, Ont.</p> <p align="center">(Sole beneficiary per will)</p> <p align="center">TO BE FORWARDED BY REG. MAIL DIRECT.</p> <p align="right"><b>P4 TO TREAS. MW</b> 25-10-44</p>	169.77

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 <del>9900</del>	833	01	70	000	169.77
CLASSIFIED BY <i>Original Signed by</i> <b>L. B. ROSEBUSH</b>			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

*Original signed by*  
**L. M. FIRTH**

(L. M. FIRTH) Lt.-Colonel  
Administrator of Estates

AUDITED FOR PAYMENT

INVENTORY OF PERSONAL EFFECTS OF R.161041 FUNGER, HARRY

DECEASED

Kit Bag, Large Blue .....	each	1
Pants, Summer Issue .....	"	2
Underwear, Combination Winter .....	"	3
Underwear, Shirts Winter .....	"	2
Underwear, Drawers Winter .....	"	2
Underwear, Singlet Summer .....	"	13
Underwear, Shorts Summer .....	"	4
Shirts, Blue .....	"	4
Collars, Blue .....	"	5
Sweater, Cardigan .....	"	1
Ties, Black .....	"	4
Gloves, Black .....	pair	3
Cap, Balaclava .....	each	1
Sox, Grey .....	pair	7
Sox, Black .....	"	2
Holdall, containing --- toothbrush .....	each	1
safety razor .....	"	1
shaving brush .....	"	1
Safety Razor .....	"	1
Shaving Brush .....	"	1
Pajamas, Suits .....	"	1
Novels, paper covered .....	"	3
Book, reading, from Holy Scripture .....	"	1
Soap Case .....	"	1
Leather Case .....	"	1
Propellers .....	"	4
Rubbers, Issue .....	pair	1
Oxfords, Civilian .....	"	1
Rubbers, Low Civilian .....	"	1
Bedroom Slippers .....	"	1
Handkerchiefs .....	each	34
Raincoat, Service .....	"	1
Bathing Suit .....	"	1
Flashlight .....	"	1
Photograph in Envelope .....	"	1
Loose-leaf Notebook .....	"	1
Bottle Hair Tonic .....	"	1
Bottle Hydrogen Peroxide .....	"	1
Can Foot Powder .....	"	1
Can Vaseline .....	"	1
Shoe Shining Kit .....	"	1
Packages Cigarettes .....	"	6
Cakes of Soap .....	"	3
Packages of Gum .....	"	4

Certified that the above listed articles were found on the bunk and in the locker of the deceased, 12th March, 1944.

President of Committee of Adjustment ..... J. W. Rogers Tc  
Members .....  
..... S. L. Sumner Tc  
.....

Personal Effects of LAC H. Fungler R.161041 (Deceased)

1.	Combs, Celluloid	3
2.	Identification Discs	2
3.	Liquor Permit #66521 L.C.B.C. - H. Fungler	1
4.	Liquor Permit #415700 L.C.B.C. - John C. Fleming	1
5.	Beer Ration Coupon book #828796 - H. Fungler	1
6.	Native wine ration book #100552 - H. Fungler	1
7.	Loose gas ration coupons - 1943-44	16
8.	Blood Donors Red Cross card	1
9.	Pencils	4
10.	Carton Ronson flints containing one flint	1
11.	Snapshot - girl	1
12.	Wallet, blue leather, Air Force crest	1
13.	Celluloid rule	1
14.	R.C.A.F. button	1
15.	Grand Island Bridge receipt, date March 11	1
16.	Boot polish (black)	1 tin
17.	Bolt	1

Contents of Wallet:

- 1 side Navy cigarette package with address
- 1 piece paper with address
- 1 receipt blank with address on back
- 1 "Get your dime back" quotation
- 1 Chinese war relief receipt #14226
- 1 return ticket, Toronto - Hamilton
- 5 snapshots baby and girl
- 1 snapshot - Fungler and friend
- 1 prescription - gin
- 1 RCAF Pass #68512, # 1 I.T.S.
- 1 RCAF Identification Card #142606
- 1 Permanent pass, # 1 I.T.S.
- 1 Application for liquor permit #245662
- 1 Repair Order - Urquhart Motors #2202
- 3 Prescriptions for Louis Pementi

President of Committee of Adjustment ..... *J. W. Rogers* P.C.  
 Members ..... *[Signature]*  
 ..... *A. D. [Signature]* .....  
 .....

Personal Effects of LAG H. Fungler H.161041 (Deceased)

- |     |   |   |
|-----|---|---|
| 1.  | Wrist Watch - broken  | 1 |
| 2.  | Ranson cigarette lighter, initials H.F.                     | 1 |
| 3.  | Cameo ring  | 1 |
| 4.  | Key #4  | 1 |
| 5.  | Keys on keyring   | 3 |
| 6.  | Fountain pens   | 2 |
| 7.  | Stamps 1 - 3¢ and 1 - 4¢                                    | 2 |
| 8.  | Receipt for Money Order                                     | 1 |
| 9.  | Passenger Motor vehicle permit #2690                        | 1 |
| 10. | Passenger Motor vehicle operators License<br>#579680 ) 1944 | 1 |
| 11. | National Registration Card - H. Fungler                     | 1 |

President of Committee of Adjustment

Members

*J. W. Rogers*  
*[Signature]*  
*H. B. [Signature]*

17th March, 1944.

Mr. Max Fungler,  
168 Victoria Avenue North,  
Hamilton, Ontario.

Dear Mr. Fungler:

I have learned with deep regret of the death of your son, Leading Aircraftman Harry Fungler, on Active Service on March 12th and I wish to offer you and the members of your family my sincere and heartfelt sympathy.

It is most lamentable that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom your son was serving.

Yours sincerely,

(SGD.) C. A. S.  
1944

(Robert Leckie)  
Air Marshal,  
Chief of the Air Staff.

/JD

mc s/1

13

*[Handwritten signature]*



ROYAL CANADIAN AIR FORCE

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR  
SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

N.B.—To be rendered in accordance with the instructions on pages 3 and 4.

1. Name..... **FUNGER** ..... **HARRY** .....  
(surname) (christian names in full)  
Rank **LAC**..... Number **R161041**..... Unit **#1 I.T.S** Age **24**..... Trade **T.M.A.**.....  
Date of accident and time of day..... **11/3/44**..... place of accident..... **Buffalo, N.Y.**.....  
(exact locality)

2. Short statement by injured person of the circumstances (or manner) of injury (see Instruction 6).  
Signed statements of witnesses, or of persons to whom the injured person may have mentioned his  
injury, to be attached (see instructions 7 and 9).  
**Deceased intoxicated - fell down cellar stairs in friends house -  
neck broken**

N.B.—See instruction 4 before completing the following section.

3. (a) Type and R.C.A.F. No. of aircraft..... **N.A.**.....  
(b) Name of pilot of aircraft (at time of crash)..... **N.A.**.....  
(c) Number in aircraft, including pilot..... **N.A.**.....  
(d) Circumstances of accident: taxiing..... taking off..... landing..... forced landing.....  
(designate one) **collision in air..... collision on ground..... other (specify).....**  
(e) Weather.....  
(f) In case of non-fatal crash does individual recall all events immediately preceding and following  
crash? If answer is "no", comment.....  
(g) Number of flying hours of person reported on: dual..... solo.....  
(h) Duty: instructor/pilot/pupil pilot/aircrew (specify)..... passenger/other (specify).....  
(strike out those not applicable)

4. (a) Description of injuries (in detail):..... **Fractured cervical vertebrae**.....  
(b) Are the injuries serious or of such a nature that  
they might be the exciting cause of disability later?..... **Fatal**.....  
(c) How long before initial treatment was given?.....  
(d) Whether admitted to hospital or sick in quarters.....  
(give name of hospital)

Date..... **20/5/44**..... Signature of Medical Officer..... **J. W. Rogers F/C**.....

R.C.A.F. R. 78A  
100M-3-42  
JUN 15 1944

5. Commanding Officer's statement:—

(a) Was the injury sustained

(i) In the performance of air force duty?.....NO.....  
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority?.....NO.....

(iii) On leave? (State whether with or without pay).....48 hour pass - with pay.....

N.B.—See instruction 8 before completing the following section.

(b) If the answer to (a) (ii) is in the affirmative, state

(i) By whom was the game, etc., organized and under whose authority?.....N.A.....

(ii) The nature of the game, etc. (e.g., hockey, baseball, etc.).....N.A.....

(iii) Was the officer or airman detailed to take part in it (a) as a member of an air force team, or (b) to compete as an individual?.....N.A.....

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv) For what service event was the practice held?.....N.A.....

(v) Was the officer or airman a selected representative of an air force unit practising under authority?.....NO.....

(vi) If so, under what authority and supervision?.....N.A.....

(c) If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission:.....N.A.....

N.B.—See instruction 12 before completing the following section.

(d) Was the injury due to his own fault, i.e., did it arise from negligence, wilful disobedience of orders, misconduct, or any blameworthy cause within his own control?.....YES.....

If so, state in what way.....Excessive Drinking.....

(e) Was anyone else to blame? If so, give name and particulars.....NO.....

(f) Is the accident being investigated by

(i) Court of inquiry? If so, state date and place.....NO.....

(ii) An investigating officer?.....YES.....

Signature.....*D.E. Tilley*.....

(D.E. Tilley)S/1

Commanding.....No. 1 I.T.S., Toronto, Ontario.

Date:.....23 May/41.....

1 PLACE OF DEATH: STATE OF NEW YORK  
County ERIE Town Douglas Village Douglas City Douglas Ward 15  
No. 164 Street Weeks  
Length of stay: In hospital or institution yes In town, village or city yes  
In residence within limits of city or incorporated village yes  
2 USUAL RESIDENCE OF DECEASED: If residence prior to admission: State Ontario County Ontario Village or City Toronto Town Toronto No. 1107 Avenue Road NR St.  
3 Full Name Henry H. Fungler (a) Social Security No. NO  
6 COLOR OR RACE white 7 Single, Married, Widowed, or Divorced (Write the word) single  
8 IF MARRIED, WIDOWED OR DIVORCED, Name of (or) Wife Wife Husband Wife  
9 DATE OF BIRTH (month, day, year) About 1919 10 AGE Years About 25 Months  Days  IF LESS than 1 day, hrs.  min.   
11 Usual occupation Soldier 12 Industry or business Canadian Army 13 BIRTHPLACE (City or Town) (State or Country) Hamilton, Ont.  
14 NAME Unknown 15 BIRTHPLACE (City or Town) (State or Country) Unknown  
16 MAIDEN NAME Unknown 17 BIRTHPLACE (City or Town) (State or Country) Unknown  
18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Information given by signature H.H. Fungler Address H.C.A.F. Toronto, Ont. 19 PLACE OF BURIAL, CREMATION OR REMOVAL Hamilton, Ont Mar 13th 1944  
20 UNDERTAKER OR PERSON IN CHARGE (Signature) John C. Fungler ADDRESS 274 East Utica St  
21 Date received Mar 13 1944 I DEPARTMENT'S License No. 297

22 DATE OF DEATH (Month, Day and Year) Mar 11 - 1944 23 I HEREBY CERTIFY, That I attended deceased from Mar 11 - 1944 to  19  19   
I last saw him alive on Mar 11 1944  
To the best of my knowledge, death occurred on the date stated above, at 11:45 P.M.  
Immediate cause of death fracture comminuted left femur, due to fall down cellar stairs, due to neuritic impaction  
Other conditions (Include pregnancy within 3 months of death) 1862  
Major findings: Of autopsies: None  
What laboratory test was made? None  
24 If death was due to external cause, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence Mar 11 1944  
(c) Where did injury occur? City of Toronto  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On home  
(e) Means of injury (Specify type of place) None  
(f) Signature of Registrar or Superintendent John C. Fungler 25 SIGNATURE OF REGISTRAR OR SUPERINTENDENT  
Date of issue Mar 13 1944 26 MEDICAL EXAMINER ERIC CO. DATE

PHYSICIAN Under the course to which he should be charged: None  
DURATION OF CONDITION None Vrs. Mo. Day Hour

Form VS No. 49  
THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH  
N.B.—WRITE LEGIBLY WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statements of RESIDENCE and OCCUPATION are very important. See instructions on back of certificate.

subscribed by  
Christine Dean 674

MAILED 13 1944  
MAR 13 1944

MEMORANDUM

1022-F-2476 (D of P) (P.I)

June 1st, 1944.

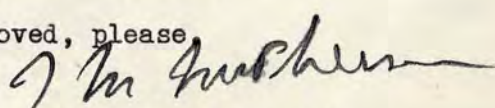
D. of P.

Investigating Officer's Report  
Death of RL61041 LAC Fungler, H.  
No. 1 I.T.S. - 11th March, 1944.

1. Proceedings for signature, please.
2. The facts surrounding this fatal accident are briefly as follows:

RL61041 LAC Fungler died in Buffalo, N.Y. on the 11th March, 1944, as the result of falling down the backstairs of the residence owned by one Mr. Victor Milani. The deceased had entered the residence in company with a civilian companion by the name of Campanella at about 2300 hours on the night in question. Campanella proceeded to the bedroom of Mr. Milani to talk with him while LAC Fungler remained just inside the <sup>back</sup> entrance of the house. Investigation by the Buffalo City Police and the Buffalo Medical Examiner lead to the conclusion that the deceased had either attempted to find his way out of the house or had gone in search of a bathroom. Evidence is to the effect that the deceased was under the influence of liquor at the time. He apparently mistook the door leading to the cellar for the entrance to the house and fell down a flight of stairs landing on the concrete floor. The Buffalo Medical Examiner found that LAC Fungler died of a fractured cervical spine. F/L J.W. Rogers of No. 1 C.I.U., Toronto, proceeded to Buffalo to investigate the circumstances surrounding this accident and confirmed the findings of the Buffalo City Police and the Buffalo Medical Examiner. The deceased was on a 48 hour pass at the time.

3. The Investigating Officer found that LAC Fungler was himself to blame for the accident through over-indulgence of alcohol and that no other person contributed to the accident through negligence or any other cause within his control.
4. Form R.78A, Report on Accidental or Self-Inflicted Injuries was not forwarded with the proceedings nor was it submitted to this Headquarters in the normal manner until same was requested by this Headquarters on May 5th, 1944. The said Form is on the file and indicates that the deceased was not on duty at the time.
5. May the proceedings be approved, please.

  
(J.M. McPherson) S/L

P.I

W.A.7