



AIR FORCE No. R154976

#### ROYAL CANADIAN AIR FORCE

| $N_{\bullet}A_{\bullet}$ If so state nature $N_{\bullet}A_{\bullet}$          | an indictable offence?No        | of an indi                                   | 9. Have you ever been convicted.  0. Are you in debt? No  |
|---|---------------------------------|--|---|
| Pension? No   | ot of a Disability              | e you now in receipt                         | ave you ever bee  |
| Forces as Medically Unfit? No   | of His Majesty's                | from any branch<br>oilityN.                  | 7. Were you ever discharged fron If so, state nature of disability  |
| tesult  |                                 |  | When? N.A.  |
| Yes S. L. P. A  | Force Reserve?. in the R.C.A.F. | al, Military or Air<br>le application to jo  | 15. Are you now on any Naval, Military or Air Force Reserve? 16. Have you previously made application to join the R.C.A.F.? |
| W. Vin  | ne                              | onsNone                                      |   |
| d. JUN 15   |                                 |  |   |
| None 1940 1942 To join RCAF   | · Cpl. t                        | Sackville,N.B                                | nt Allison University   |
|   | Rank                            | Place  | Unit  |
|   | Service:                        | of any Naval, Military or Air Force Service: | 13. Details of any Naval, Mi  |
| CitizenshipCanadian   |                                 | Milltown, N.B.                               | " Address Will  |
| Birthplace St. Stephen, N.B.  | Libby                           | Name) Jessie F. Libby                        | 12. Mother (Full Maiden N   |
|   | /                               | Customs Officer                              | " OccupationCu  |
| CitizenshipCanadian V   |                                 | Milltown, N.B.                               | " Address M   |
| Birthplace Milltown, N.B.   | <i>V</i> .                      | Chester V. Norton                            | 11. Father (Full Name)  |
|   |                                 | . 0  | " Address   |
| Relationship Mother   | te projection Norton            | Mrs. Jessie K.                               | Next of Kin (Full Name  |
| Stat  |                                 | fluently                                     | English   |
| 8. Religion United Church   |                                 | nt   | 7. Occupation St udent  |
|   |                                 |  |   |
| W A   | - N- A-                         |  | None  |
| Name Date of birth  | te of birth                     | Date   | Name  |
| The second of the second  |                                 |  | culars of Children  |
| Single, Widower, Separated Divorced Single                                    | Married, Si                     | 0.00   | Birth Jan.  |
| Citizenship, Canadian   |                                 | Milltown, N.B.                               | Place of Birth Mil  |
| - Conference  |                                 |  | ent Address   |
|   |                                 | own, N.B.                                    | 1   |
| DONALD BLAIR  | Full Christian                  |  | 1. rname NORTON   |
| (Pages one and two, only, are to be completed in Applicant's own Handwriting) | to be complet                   | nd two, only, are                            | (Pages one a)   |
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|                                       | Name of calcol               |         | Date | •   |
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|                                       | TAMPITO OF SOTIOOT           | From To | To   | Courses—Subjects, etc.  |
|                                       | Milltown Public School       |         |      |   |
| Primary Education—Public or Separate  | Milltown, N.B.   1927   1938 | 1927    | 1938 | Grade XI  |
| Colling                               | Transfer ATTT CORT TRANSFER  | 4       |      | ***************************************   |
| High School—Collegiate Institute, etc | Sackville N.B. V1938 1942    | V1938   |      | B.S.C. (completed college)  |
| Tooksical School                      |                              |         |      |   |
| A COLUMNIA DOLLOVI                    |                              |         |      |   |
| University or School other than above | 100                          | i d     |      | THE PARTY WAS ABOUT TO SEE THE PARTY OF THE |
|                                       |                              |         |      |   |
| Correspondence Courses, etc.          |                              |         |      |   |
|                                       |                              |         |      |   |
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22. Particulars of all Civil Occupations (in full):

| Employer and place   | Duting two dog monitions | D       | Date | American Commence of the Commence of the ground of the ground of the commence |
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| The state of the s | Tourney transpositions   | From    | To   | Keason for leaving  |
| Student  |                          |         |      |   |
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23. 24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F... Flying Experience (in Hours) Solo.... None None Dual None Passenger None

25. Sports engaged in. State: extensively, moderately, occasionally..... Track, baseball, exetnsively

26. AIR FORCE DUTY you wish to enlist for Flying Duties.

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

| Mr. Robert Webber Mi lltown, N.B. Fore  % Mount Allison University  Mr. G.N. Laidlaw C/O Mount Sackville, N.B. Pro | Mr. Fred McAllister Milltown, N.B. Manufacturer | Mr. Frank McGarity Milltown, N.B. Mayor | Name    |
|--|---|---|---------|
| Mi lltown, N.B. Foreman<br>c/o Mount Allison University<br>Sackville, N.B. Professor.                              | , N.B. Manufacturer                             | n, N.B. Mayor                           | Address |

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

Do HEREBY you understand that vaccination, re-vaccination and inoculation are compulsory?..... CERTIFY that the foregoing information furnished by me is correct to the best of Ye. ZQ. knowledge

Date June 1st, 1942 19

Signature..

### OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH 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

| ₽ 1                            | 26.<br>27.<br>28.  | 24.  | 23.  | 19.<br>20.<br>21.       | <del>1</del> 8.  | 0  | 17. | 15.<br>16.        | 14.                         | <u>.</u> 2  | 12.  | =======================================   | 1  |  | 5                  | 9   | ∞ .7   | <u>ი</u>   | 4.   | n io   | ,54   |
|--------------------------------|--|--|--|-------------------------|--|--|-----|-------------------|-----------------------------|---|--|---|--|--|--------------------|---|--|--|--|--|---|
| E 2 194 3 SIGNATURE LL B M TOS | Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? | Section F—PARTICULARS OF FARMING EXPERIENCE  (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? (b) How many years' actual (c) In what provinces (d) Were you (d) How many years' actual (e) In what provinces (form on a farm? (form on a farm) farming experience have you had? (d) you have experience? (e) If what provinces (form on a farm) farming experience have you had? (for in what provinces) (form on a farm) farming experience have you had? (for in what provinces) (for in what provin | AS A PARTNER IN ANY SUCH LINE (b) W (b) W (c) W (d) Have you made, (d) Have or a simil | cto<br>cto<br>dy<br>ely | IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21  Name of employer | Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME  OF ENLISTMENT  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. |     | of last any: Name | after leaving school, state | answer to 11 be "No", state exact trade or occupation for which | swer to 11 be "Yes", ict trade or occupation von actually worked | OF ENLISTMENT  QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a) | Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME | WORKINGOrNOTWORK- ING at time of enlistment. (Enter here only "Work- ing" or "Not Working", as case may be; particu- lars are asked for below) | CEMPLOYMENT CONDIT | (c) Dra you finish it? did (b) What languages do you read well? | d a university, give name of $M_{3.4.7.7}$ $H_{11.3.4.7.7}$ $U_{12.7.6}$ (d) If you did not error (b) If so, | (b) Were you attending sor college up to the time bublic, technical or high school 2. Years, High School", "Junior in printing", etc.) | Place of enlistment $M.A.C.T.a$ Benincation and TBAINING | (a) Arm of service. $RCAF$ (b) Unit. $Mole$ (i) $Ucc$ $Och$ (c) Place of residence (c) Rank. $R/D$ (d) Have you (e) Place of residence (form of both $A : I + a : I = A : I =$ | Section A—GENERAL INFORMATION  (a) Print name in full Daizald Slaiz Mortola (b) Reg'l. No. R-154976 BLANK |

# 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.
- 0 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.

| [SEE OTHER SIDE]   |  |
|--|--|
| Alia sa  | Postal Address   |
| endents' Allowance should be paid—if authorized.               | Give particulars of Guardians to whom Dependents'  Name      |
|  | regularly supporting them                                    |
| respect of children—state whether you have been                | 9) If Dependents' Allowance is claimed in res                |
|  | Names and ages   |
| Number of boys Girls Girls                                     | 8) Have you any children? Numb                               |
|  | 7) Are you a widower?  |
| g your wife? If not—state reasons                              | 6) If married, have you been regularly supporting your wife? |
|  | (b) Present postal address of wife                           |
|  | (a) Full name of your wife                                   |
|  | (5) If married, state,                                       |
|  | (4) Are you married? Mo                                      |
| R-154976 P/O   | 2) Regimental or Official Number and Rank                    |
| TOM DOMALD BLAIR first—Christian names in full—Block capitals) | 1) Name of Officer or Other Rank                             |

| Oll Villas Jaco See  | -                                   |
|--|-------------------------------------|
| (Signature of officer or   |                                     |
| rec  |                                     |
| Have you made arrangements for payment of your Insurance Premium?  |                                     |
| If so, in what Company?(Give number of policy)   |                                     |
| Are you insured? $\mathcal{N}_{o}$   | (18)                                |
| Amount contributed monthly during the past six months  |                                     |
| Postal Address   |                                     |
| RelationshipFull Name  |                                     |
| Are you contributing to the support of any dependents, other than those shown above?   | (17)                                |
| is your reason for not providing full support?   |                                     |
| prior to appointment or enlistment   |                                     |
| If your mother is a widow, are you her sole or partial support?  If sole or partial support of widowed mother—state what amount per month you have given her | <ul><li>(15)</li><li>(16)</li></ul> |
| If so, state name and address. Mrs. Chester Norton Milltown NB   |                                     |
| Is your mother alive?  | (14)                                |
| Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?                        |                                     |
| -state what amount per month you have given him prior to appointment or enlistment   |                                     |
| or partial support?  | (13)                                |
| If your father is a widower and is totally incapacitated from earning a living—are you his sole  | (12)                                |
| Is your father alive? Ye.S.  | (11)                                |
|  |                                     |
| If so, state her full name and Postal Address  |                                     |
| senting as your wife for at least 2 years immediately prior to appointment or enlistment?  |                                     |
| Have you a common-law wifewhom you have been regularly supporting and publicly repre-  | (10)                                |

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|  |  | Present Address (in pencil)  | Present  |               |                       |  |   | Vame                                    | Wife's Maiden Name   |
|  | A. S. B. W.  | *  | AMILY  | ARS OF F      | PARTICULARS OF FAMILY |  |   | Š                                       |  |
| asi  | 18   | Citizen of   |  |               | " " Country           |  |   |   |  |
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### MOVEMENTS AND CASUALTIES

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20clan FORCED LANDING NOT REPORT OZ FLYING ACCIDENT

### ATTRIBUTABLE 70

In every case copies of this form are to be rendered as follows:—

(ii) Two copies direct to Air Ministry, (S.4. Statistics). (i) One copy direct to Air Ministry, C.I. (Accidents).

Indicate here by an X to whom this copy is addressed.

ENEMY ACTION. Form 765 (C) (Revised Feb., 1943.)

OR

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If this incident has been reported to the Air Ministry by signal, quote Reference No. and date.

|                                  | Contrated to  | TEACHER OF STATE                        | gine is damaged or fails  | To be quoted whenever an engine is damaged or fails                            |
|----------------------------------|---|---|---|--|
|                                  | Total   | Total                                   | ed.   | Extent of damage   |
| <i>b</i>                         | b   | ō                                       |   | Date last installed in Airframe  |
| <i>b b</i>                       | 10549 b   | g Tetror                                | <i>b</i> ,  | Total bours run  |
| a                                | 137395 a  | 155501 a                                | M. 283  | R.A.F. No. (and makers' No. for engines)                                       |
|                                  | H   | H                                       | 4   | Mark or series   |
|                                  | Mer) in   | Merlin                                  | APPLICATION   | Type   |
| Centre Port.   Centre Starboard. | Starboard.  | Single or Port.                         |   | Engine.  |
| Engine.                          | En  | 1 To | Airframe.   | Details of Airframe and  |
|                                  | o this section).  | ge (see footnotes to                    | ENGINE and extent of damage (see footnotes to this section)   | 4. Type of Airframe and  |
| (Delete as necessary)            | This flight is being included in this Unit's flying hour summary on | This flight is bei<br>Unit's flying     | approaching to land on an   | whilst taking off from or a airfield or landing ground.                        |
| O QE LED                         |   |   | the incident occurred on or   | (c) County   |
|                                  |   | B                                       | ) & N. Sil. Honeybourne   | (b) Place (if (a) not applicable)  |
| Training                         | (iii) Purpose   |   | y Grounds   | or landing ground  |
|                                  | (ii) Day or Night flying?   | Nature { (ii) I                         | ENT   | SITE OF INCIDENT  (a) Name of airfield   |
| -operational? Non operational    | (i) Operational or Non-operational?                                 | (i) (                                   | 20.40 hours.  | TIME <sup>*</sup>  |
| OR                               | NATURE OF AND PURPOSE FOR   | 3. NATURE OF                            | 60 Lolly  | 2. Date of Incident  |
| Bomber Serial No. 151            | 91 Command  | Group No.                               | · 在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个   | 1. UNIT 24 0. T. U.  |
|                                  |   | avolved.]                               | In addition, and only if casualties to airmen are involved.] (v) One copy direct to Records Office. | [In addition, and only if casualties to (v) One copy direct to Records Office. |
|                                  |   | Headquarters.                           | (iv) One copy through usual channels to Command Headquarters.                                       | (iv) One copy through  |
|                                  |   | ction (R.M.I.).                         | (iii) One copy direct to Ministry of Aircraft Production (R.M.I.).                                  | (iii) One copy direct to   |

AC = For repair by contractor's working party.

A = For repair by nearest R.A.F. unit.

U\*= No damage.

To be indicated as:—

E = Missing, unrepairable, reduction to scrap or instructional.

B = For repair at contractor's works or R.A.F. Depot.

5. ALL OCCUPANTS OF AIRCRAFT and

|                            | \$          | M/or.       | A/B.         | Nav.       | Pilot                 | Duty:  | Hosp  | (ii) Degre   | (i) Name   |
|----------------------------|-------------|-------------|--------------|------------|-----------------------|--|---|--|--|
|                            | Shettler R. | Churko A.B. | Barnett G.H. | D.B.Norton | H.R.Jones             | Name and Initials (Nationality to be quoted if not British). | Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.) | (ii) Degree of injury to be classified as: Missing, Killed, Injured (admitted to Sick<br>Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or | (i) Names to be entered in order of duty: 1st Pilot, 2nd Pilot, Pupil Pilots, etc. |
|                            | 53%         | Sgt.        | 384          | 17°0       | %/%                   | Rank.  | , K, I, I(s) or   | Wissing, Kille<br>ured (not ad   | v : 1st Pilot,   |
|                            | 3.189527    | R. 167704   | B. 10771     | J. 26934.  | J. 25913              | · No:  | U as appropriate  | d, Injured (admitt<br>mitted to Sick Q   | 2nd Pilot, Pupil l   |
|                            | I(s)        | I(s)        | н            | 1(3)       | I(s)                  | Degree of Injury.  |   | ted to Sick<br>uarters or  | Pilots, etc.   |
|                            |             | * -         | 4            |            | I(s) 27 hrs 174 2 hrs | 1  | Type All  | (Da  | Flying Experience Part A.  |
| (O2)                       |             | ň           |              |            | 2 hrs 18 hrs          | ن ا  | Type<br>Oroted All  | Note (i) below). Solo (Night).   | Flying Experience of Pilots and Pupil Pilots. See Note (i                          |
| <b>, , , , , , , , , ,</b> |             |             | 6            |            | 5                     | ments. Tra   | Ipaliru- L  | Part C (see<br>Note (iii) below  | Pilots. See N  |
|                            |             |             |              |            |                       | Traine   | Link  | low  | ote (  |

Norr (i) Part B only to be quoted if incident occurred during night flying. (ii) Quote to nearest hour.

(iii) Part C only to be quoted if loss of control at night or in bad visibility or cloud by day is a possible contributory factor

| Yese            | as appropriate  | punous u        | Quote A or B or C, etc                       |
|-----------------|---|-----------------|--|
|                 | state "No." D. Dark (no moon or moon obscured).                     | state "No."     | E. Taking off J. Not known.                  |
| "Yes."          | ate. If no fire   C. Dawn (half light of morning).                  | ate. If no fire | D Taxying. manhandled.                       |
| or landing on   | "On ground" B. Dusk (half light of evening) F. Not known.           | "On ground"     | C. Stationary other than A or B. H. Towed or |
| taking off trom | "In air" or A Day (daylight). E. Moonlight.                         | "In air" or     | B. Starting up. G. Landing.                  |
| taxying on,     | CCURRED.  | Yes, state      | A. Picketed or at moorings. F. In flight.    |
| 9. IF INCIDENT  | 7. DID FIRE 8. CONDITIONS OF LIGHT IN WHICH INCIDENT 9. IF INCIDENT | 7. DID FIRE     | 6. Stage of Flight.                          |

10 Description of Accident (or summary of pilot's report, if available). In cases of engine failure information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.

Duration of flight since last take off: Hours... .. Minutes......... If engine failure occurred during take off quote height.

Engine temp. and behaviour normal during previous circuit.

Took off from runway and at approx. 100ft. port engine banged and cut. Aircraft swing to port and rear gummer saw puff of white smoke come from engine. Pilot could not maintain height or stop swing to port. He had difficulty in keeping port wing up and struck tree with this wing. Aircraft crashed and caught fire. Conditions of light were, good, vis. half moon slightly obscured by cloud. Aircraft



11

Report by Appropriate Speciatist Officers (A. E. Nav., &c.):—(i) If technical failure is involved information as to the nature and cause of the failure is required; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident, the serial number of the modification and reason for non-embodiment should be stated.

When the examinat This engine is being returned to this Unit for examination. When the examination has been completed a further report

Is Form 1022 or 1023 being rendered?

.....Signature.....

W. Westgate

W/Car.

- 12. Remarks by Unit Commander (to be given under three separate headings):—

  Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of the lighting system in use at the time is to be noted in Part A.)

  Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.

  Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).
- Cloudy night. Dren in use. Good vise
- B. engine trouble. At approx. 20.35 he took off on a normal circuit and at 100 ft. over the edge of the serodrome the port engine out dead, following a bang and cloud of sparks. S. TAO
- This pupil pilot endeavoured to gain height mandithemanything cholds flying straight shead, but was unable to maintain height. At 20.37 h crashed into a field, hit some trees and caught fire. but was unable to maintain height. At 20.37 he
- 8 power to save crow from injury. A very good belly landing was attempted and only trees caused the breaking up and subsequent fire. This pilot had no chance to avoid this accident and did everything in his injury. A very good belly landing was attempted

J. D. Gam Woor. Commanding Training Wing. 24. O.T. U.Date.

13. REMARKS BY STATION COMMANDER (and notes of any action taken as a result of this incident):—

(i) Was any assistance rendered in rescue work after the accident, which is considered worthy of recommendation? Was any assistance rendered in rescue work after the accident, which is considered worthy of recommendation or No............ If any such assistance was rendered, the recommendation is to be forwarded separately. Yes

(ii) Remarks.

Rechnical report will follow seperately. needed. I agree with 12, shows. No further investigation

Signature A. C. F. Carrer.
\*\*11591-8836) Wt. 48544-3196 C/Opte

Date Tolet

#### D.P.S.

- 1. No.420 R.C.A.F. Squadron reported that Halifax aircraft NA.505, with a crew of 8, failed to return from an operational attack on Acheres, France. It left base at 23.03 hours on the 7th. June, 1944, after which no further news was received. F/C.R. Jones and F/O.D.B. Norton were members of this crew. reported that Halifax aircraft, F/0.
- Poix not g Were that given. An extract from official German totenliste No.231, states F/O. Jones and F/O. Norton, (names taken from parts of clothing), killed on the 8th. June, 1944, and buried in the French Cemetery, de la Somme, France. The grave numbers and date of burial are
- H.R. JONES, and, CAN/JZ6934 F/O. I is accordingly submitted that the death of GAN/J25913 F/O. 3, and, GAN/J26934 F/O. D.B. NORTON, be presumed, for official to have occurred on the 8th. June, 1944.
- 4. The four remaining R.C.A.F. members of this crew, F/O. F.G. Tilt, Sgt. J.F.E. Yates, Sgt. D.W. Sammon and Sgt. G.S. Tanuck, are still classified as "Missing", and the two remaining members of this crew were not R.C.A.F. personnel.

18/1/45.

19/1/45.

R.C.A.F. Casualties Officer.

MINUTE 2.

Para. o C3 of Minute 1. approved.

J. S. HARRIS

1.

20/1/45 Tor Wing Commander, Director of Personal Services.

last 19/1/45. To ottawn 58A P.17 1.6.6. 1/c M. M. Soldberg Co

7 10 1/53 1/53

D

Officer in Charge, No 1 Missing Ressarch & Enquiry Unit, Royal Air Force, c/o British Army of the Rhine.

Casualty Enquiry No F 583
Department Somme.

30 P-1 CREW: The night Hercules Halifax III aircraft 56670M/A47110- St. 1 XVI t of 10- St. I. SS 2578
I engines- failed to
f 7/8th June, 1944. NA. . 505- P.O. SS, 35. SS 25783M/A428059-- P.O. SS. 35106M/A472546- P.I. 5783M/A428059- St. O. SS36528M/ to return from operations over A Acheres A473968gon

182, and one 1 German Totenliste states- Halifax shot one unknown buried in the French Cemetery and 181, respectively. Halifax shot down 8/6/44, Norton, Jones rench Cemetery Poix-De-La-Somme, France, graves

4.

ь (2)

8 unknown identity Plot Exhumation Report statity discs found for a cown Halifax aircraft A Report statesr 204065 D.W. carr at Bosemesnil 193, Row A. Plot B, Poix Cemetery-SAMMON, R.C.A.F. Cemetery Records show 1 15/6/44, now buried in grave 44., R

German Death Cards held for Jones, Norton and one unknown.

0,

8-6-44 in the neighbourhood of Ronchois, 28 Km. W.S.W. of I found. Norton and Jones identified by leather strips and badly burnt to be identified. Four airmen thought to have no further details of these are given. s and one unknown too have escaped but 0200 hours

7.

members identify mould of the the unknown be appreciated if crew. STATE 181, an investigation and ascertain could be the fate made of the definitely remaining

动

C W WRIGHT. (STAMPED). for Derector of Personal Services.

Copies: R.A.F. & R&C&A&F&

OTTAMA, Conada, 8th June, 1948.

Milltown. Brunswick. Worton,

Dear Mr. Morton:

Service. ch O your son, It is with regret that I again refer to the loss Flying Officer Donald Blair Morton, but you will wish report received from our Missing Research and Enquiry

imately remains of four crew members only were recovered and interred in Poix de La Somme Cemetery. Investigating Officers visited this cemetery and exhumed the graves resulting in the identification your son, Flying Officer Jones, Flying Officer Tilt and Sergeam Sammon. Your son's grave has been registered by the Graves Registration Service as Grave No. 69 in this cemetery. France. Investigating Officers of this Servicertained that your son's aircraft crashed at Ronchoinately sixteen miles West of Poix in the Department The aircraft emploded on impact with crashed at Ronohols, approx-in the Department of Somme, of this Service have asthe ground. and Sergeant Somme, g

Commission will also erect a headstone at the sthere are great numbers of these headstones to will quite naturally take considerable time. The reverent of all who served in the Roya Imperial quite War Graves e reverent and perpetual care of a the Royal Canadian Air Force is Commission (of which Canada is a erave. 0 erected, umember), umc unhappily, the burial places of tr The

No sa of your gallant 80D8 I again offer you my deepest sympathy in the

Yours sincerely,

SELACE COL

Wing Commander, R.C.A.F. Casualties Officer, for Chief of the Air Staff.

| NUMBER                           | RANK UNIT   |
|----------------------------------|---|
| TRADE                            |   |
| NAME                             |   |
| PRESENT MARITAL STATUS           | RELIGION  |
| FRENCH CANADIAN                  | OTHER   |
| NEXT OF KIN                      |   |
| RELATIONSHIP                     |   |
| ADDRESS                          | TARION OFFICE OFFICE  |
| FATHER'S NAME                    |   |
| ADDRESS                          | LIVING ON ENLISTMENT  |
| MOTHER'S NAME                    |   |
| ADDRESS                          | LIVING ON ENLISTMENT  |
| ADDRESS AT TIME<br>OF ENLISTMENT | MARITAL STATUS AT TIME OF ENLISTMENT  |
| OCCUPATION                       |   |
| WAS MEMBER ATTACHED TO R.        | R.A.F. AT ANY TIME? YES/NO  |
| IF CASUALTY OCCURRED IN CA       | IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO |
| IF (                             | IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY?         |
|                                  |   |
| AUTHORITY CAS. SIG, NO.          | CASUALTY DETAILS:   |
|                                  |   |
|                                  |   |
|                                  |   |

7217 74664) 7217

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF 68539

) 1445 CERTIFICATE P. of D. ATTACHED TO A. of E. COPY

YES/NO

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

OFFICIAL ROYAL CANADIAN AIR FORCE

CASUALTY NOTIFICATION

th th

Milltown, Mr. Chester Vane Norton, New Brunswick.

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

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

and the following number quoted:-

H.Q. J26934 FD-33

#### DEPARTMENT OF NATIONAL ESTATES BRANCH DEFENCE

OTTAWA, ONT.

6th June, 1945

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

Donald Blair

NORTON

OCT 12 1945

BRANCH

J-26934 R.C.A.W. 0)8 AL DETAWA

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

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.

CYS/HC

Director of Estates

M.F.W. 77 16M-10-44 (5854) 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:

|      | 7  |               | ō,                            |               | čη                               | 44                     | ω                      | ν.   | <b>-</b>                         | Degrees<br>of<br>Rela-<br>tion-<br>ship   |
|------|--|---------------|-------------------------------|---------------|----------------------------------|------------------------|------------------------|--|----------------------------------|---|
|      | Names of brother of the full or the Deceased, who death of each.   |               | Sisters<br>of the<br>Deceased |               | Brothers<br>of the<br>Deceased   | Mother of the Deceased | Father of the Deceased | Children of the Deceased and dates of their Births   | Widow of the Deceased.           | RELATIVES required to be account  |
|      | 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. | Half<br>Blood | Full<br>Blood                 | Half<br>Blood | serre isrreibio<br>Full<br>Blood | Deceased               | eceased                |  | eceased                          | RELATIVES required to be accounted for  |
| none | Names and ages of their children<br>(if any)   |               | Mrs. Donald H. Martherson     |               | John E. Norton                   | Jessie Florence Morton | Chester V. norton      | And to the first of the first o | Sally Bircher Norton             | INFORMANT'S STATEMENT  NAME IN FULL  of any Relative, if any, in each degree  specified  Age of e |
|      | Address of their children  |               | 23 Genil Dely Aylmer Outation | )             | J. Same                          | 48 Milltown 71.B       | 47 Milltown, N.B.      |  | 24 Charton Rol. Slowcester, Eng. | ADDRES ach surviving ther name, at of each dece   |

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

|   |  | h.  |  |  |  |  | 1                                     |  |  |   |  | 1 5                            | - 4<br>1         | 1  |                                 |                    |                             |                  |
|---|--|---|--|--|--|--|---------------------------------------|--|--|---|--|--------------------------------|------------------|--|---------------------------------|--------------------|-----------------------------|------------------|
| 3 | 22   | 21  | 20   | 19   | 18   | 17   | , h                                   | 16   | 15   | 14                                      | 13   | 12                             | 20-              | 11                                       | 10                              | 9                  | ∞ <sup>1</sup> ,4           | 1000             |
|   | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | Amount of War Savings Certificates held by deceased. Indicate where located. | 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? | 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? | Did he leave a Will? If in your custody, please forward. | PARTICULARS OF                        | Name place where deceased stated he intended to make his permanent home. | State whether he owned the premises in which he lived, and, if so, where situated. | Nature of employment before enlistment. | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | Place where deceased was born. | PARTICULARS OF D | Place and date of his parents' marriage. | Place and date of his marriage. | Date of his birth. | Full names of the deceased. | PARTICULARS AS T |
|   | $\mathcal{M}_{i}$  | 7   | 7  | no   | No -   | Ter sere pares to the same                               | *ESTATE Substitution and California ( |  | $\mathcal{N}_{o}$  | Student -                               | (a) New Brunswich - Charlotte<br>(a) New Brunswich - Charlotte   | Milltown, M.B.                 |                  | からか                                      | Cloucester England -            | January 29th 1921. | Donald Blair Norton         | AS TO IDENTITY   |

OTHER PARTICULARS

| ,  | 25  | 24   |
|--|---|--|
| (Nore:—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 | 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. | 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. |
| (Norn:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount          | No  | no<br>no   |

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"

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

A .....of the deceased.

igned in full in the rgyman, Priest, Local missioner or Notary ssioned Officer of any forces.

0 Box Milltown N. 6. (anacladdress

Signature of Informant

CERTIFICATE

MI I Own M. B (Name of ) is the\* I hereby certify that to the best of my knowledge and belief...... 2 ( hester .....of the Deceased Moston

Dated at Milloury M. B. this Toplands day of Color 19 43

The above Declaration was made by the Informant and signed in my presence.

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

above described.

Delleel min.

Qualification... Cerepyman

Mullow, 4:13.

Address

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

| 1   | NAME NORTON, Domald Bla |  | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 16 19 20 <b>X</b> 22 23 18 M 83 96 1                  | NUMBER H Q Y NAME | R.C.A. 60 | 4 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 | 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 0 0 M | R. 325 | 0               | TERVICE AWARD CAR  | JO26934 NOR TON DO |
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DATE RANK MINISTERÍAL CARD: 23-6-44 Mrs. D.B. Norton, Toronto Parton Road, Churchdown, XXIASEOW, XXIAXIEZZXX Cloucester, To Wife-To Mother and Father-엄 F/O DEATH: 8 June 44 Mr. & Mrs. C.V. Norton,
Milltown,
New Brunswick. To Wife-To Mother and Father-ROYAL MESSAGE: MOTHER LIVING: CATEGORY. YES (Chester Vane) MEMORIAL CROSS
TO CHAPLAIN: DEL'D TO WIFE: DEL'D TO MOTHER: DEAD REG. YES NO. J26934 28 1945

COMMAND:

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England.

2 ans -18 -0 REGN. NC. DATE DESP. MENTORIAL 協会知 

| AIR FORCE R154976   | NOR            | TON,       | DONALD E  | BLAII   | ?                        |                     |                     | PLA                | ILISTMENT                               | cton          | RE-ENLI                               | STMENT                                    |   | C.R. FILE<br>NUMBER                          | SK                     |
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| 7. BIRTH: DATE PLACE  | сут            | IZENSHIP 2 | 16. SINGLE-MARRIE   | D-WIDOW   | ER SEPARA                | ATED DIVORCED       | ingle               | Sales and the Alge | 21. ENG                                 | AGEMENTS      | Was in Alexander                      |   | n lega jaronilang selataga  | e in the state of the state of               |                        |
| 29-1-21 Milltown  | n.B. Br        | itish      | WIFE (FULL MAIDEN NAME)   | noigh.  | Evelyn,                  | Sasah Bircher       | (sh)                |                    | TERM                                    | 1 EFFEC       | TIVE D.R.                             | o. T 1                                    | ERM E   | FFECTIVE                                     | D.R.O.                 |
| FATHER (FULL NAME) Chester V  | . Nort         | on         | PLACE OF MARRIAGE   | egister of  | lice Ilay                | centes. DA          | TE 1-3-8            | 14                 | Durat                                   | ion 9 6       | 42                                    | The state of                              |   |  |                        |
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| BIRTHPLACE Milltown MOTHER (FULL MAIDEN NAME) JUSTIC  | n.13.          |            |   |   |                          |                     |                     | 1                  |   |               |                                       | 124                                       | *   |  |                        |
| MOTHER (FULL MAIDEN NAME) QUASIC  | 7. 2           | ibber      | 17. MARRIED ESTAB   | SLISHMEN.   | Γ                        |                     |                     |                    | Vi.                                     | 1 e e         |                                       | i i                                       | AM N  | A 14 JA                                      | 5                      |
|   |                |            | REMARKS   | A Transfer  |                          | RANK                | EFFECTIVE           | D. R. O.           | 22. TEM                                 | PORARY DL     | TY AND MIS                            | SCELLANE                                  | OUS ENTRI   | ES   |                        |
| BIRTHPLACE St. Stephen  | n.B.           |            |   |   |                          |                     | 1                   | - 141              | FR                                      | ОМ            | т                                     | 0   | DATE  |  | D. R. O.               |
|   |                |            |   | y 11 0 y  |                          | 1                   |                     |                    | I St                                    | T 1/2         | C 10771                               | a   | 20/80   | 1  | 753                    |
| 8. EDUCATIONAL STANDING   |                |            |   |   |                          |                     |                     |                    | 1.0                                     | 21. VV H      | 470777                                |   | 130/200   | 142 101                                      | 755                    |
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| CORRESPONDENCE COURSES  |                |            |   | RENERRY & A   |                          | 7                   |                     | N 62 D X           | - Par                                   |               | 21                                    | 11/1/                                     |   | · 4  |                        |
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| 9. CIVIL OCCUPATIONS OR EXPERIENCE  | USEFUL TO R    | .C.A.F.    |   |   |                          | 3 5                 |                     | =                  |   |               |                                       | 7 7 11                                    | - A.  |  |                        |
| Student   |                | -, -       | 19. NEXT OF KIN (AD   | DRESS AND   | D.R.O. IN PEN            | ICIL)               | 5, NR 1 - 1 1 1 1 1 |                    |   |               | , , , , , , , , , , , , , , , , , , , |   |   |  |                        |
|   |                | - E        | FULL NAME: Dessi  | -/-   |                          |                     | ISHIP mo            | The 23             | ,                                       |               | 1 12                                  | 2.8                                       |   |  | Table 1                |
|   | 5              | E =        |   |   | A.I. 71                  | . B D.R.O.          | 7000                | -,000              |   |               |                                       |   |   |  |                        |
|   |                |            | FULL NAME: Mrs. S.  | miston  |                          |                     | ISHIP wife          |                    | V V                                     |               |                                       |   |   | 2 10   | •                      |
|   | f .            | 9500       | ADDRESS: Front Pa   | uton Pd   | Churchalo                | own Blos. D.R.O. I  | 57A-14              | 0                  | 11                                      |               |                                       |   |   |  |                        |
| 10. PREVIOUS ARMY, NAVY OR ALE  | R FORCE S      | ERVICE     | 20. PAY ENTRIES (o  | FFENCE FOI  | RFEITURES, STO           | OPPAGES IN RED INK) | 1 2 3 3             |                    |   |               |                                       |   | 7' 8  |  |                        |
| Int. allison 6.0.2.6 Sept. 1940   | schvell        | le n.B     | RATE CHANGES ETC.   | EFFECTIV  | ANNUAL CONTRACTOR OF THE | RATE CHANGES ETC.   | EFFECTIVE           | D.R.O.             |   | . ,           |                                       | 2   |   | = "  |                        |
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| 0   | AND THE        |            |   |   |                          |                     |                     |                    |   |               | 18 Myss                               | 8   |   | 0.84   |                        |
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| 11. HONOURS-AWARDS, MENTIONS  | AUTHORITY      | DATE       |   |   |                          | 1                   | 1 2                 |                    | 4 7                                     |               |                                       | ± <sub>Q</sub> r <sub>x</sub>             |   |  |                        |
| ai Observer Badge   | 4005122        | 11-6-43    |   |   |                          |                     |                     |                    |   | S 1 (8)       | 9.5                                   |   |   |  |                        |
| <b>,</b>  |                |            |   |   | - W 1                    |                     |                     |                    | - 0                                     | 4             |                                       |   |   |  |                        |
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|   |                |            |   |   |                          |                     |                     |                    |   | . 1400 01 61  | 5 1 1V.                               |   |   |  |                        |
| 12. FLYING EXPERIENCE ON ENLI   | STMENT (HO     | ours)      |   |   |                          |                     |                     |                    |   |               | OR TO ENI                             |   |   |  |                        |
| SOLO — DUAL   | PASSENGER      |            |   |   |                          |                     | V.                  |                    | mi                                      | lltow         | n n.B                                 | ?   | <u> </u>  |  |                        |
| 13. RELIGION U.C  |                |            |   |   |                          |                     |                     |                    |   |               |                                       |   |   |  |                        |
| 13. RELIGION U.L  |                | ــر        |   |   |                          |                     |                     |                    |   |               |                                       |   |   |  | . 0 2 0 1              |
| 14 LANGUAGES P. A J   |                |            |   |   |                          |                     | 22 522              | LIMENT CO          | VITROL (                                |               |                                       | <u>J</u>                                  | 030/  |  |                        |
| 4. LANGUAGES Syglish  |                |            |   | 1 1 1   |                          |                     |                     |                    |   | 7             | NTROL (INDIC                          | 17 18 18 18 18 18 18 18 18 18 18 18 18 18 |   | IDN CASS                                     |                        |
| 15. SPORTS_Track + Ba   | 1000           | 2          |   |   |                          |                     | 3                   |                    | R60                                     | R79 A         | B465                                  | X-RAY                                     | AFM-13  | IDN. CARD                                    | 100                    |
| 10. SPURIS Spack + Ba   | sevals         |            | )   ( |   |                          |                     |                     |                    | 15-6.42                                 | 616-6-42      | 10-6-42.                              |   | 33  |  | 139/11                 |
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|   |                |            | Piat .  |   |                          |                     |                     |                    |   | 1779          |                                       |   |   | Art Desira                                   |                        |

| AIR<br>FORC    | R154976  | NOR        | TO         | V, DON        | VALD                     | BLA        |                    | MFS      |          | 9                    |                              |                  | TMENT<br>Moncle<br>9-6: | RE-      | ENI<br>_        |           | C.R. FI<br>NUMBE                      | LE OF  |          |
|----------------|--|------------|------------|---------------|--------------------------|------------|--------------------|----------|----------|----------------------|------------------------------|------------------|-------------------------|----------|-----------------|-----------|---------------------------------------|--|----------|
|                | J.26934  | OF         |            |               | will,                    |            |                    |          | SERV     | ICE AIRM             | IEN                          | Ox               | nm/                     | 15       | }               |           | R.C.A.F. FOI<br>30M-12-4<br>H. Q. 1   | RM R44 (B)<br>11 (1346)<br>062-3-58  | OVERSEAS |
| 1. P           | OSTING (INDICATE S.O.S. AND T.O.S  | ) Temp     | orary D    | Outy (In Red) | 2. RECL                  | ASS'NS-PF  | ROMOTIC            | NS-ET    | c.       | 4. TRADE AND         | CHARAC                       | TER              |                         | 6. LEAVE |                 |           |                                       | on the Research of the Control of th | MA       |
| S.O.S.<br>T.O. | OR UNIT AND PLACE  | EFFE       | CTIVE      | D.R.O.        | RA                       | NK         | EFFEC              | TIVE     | D.R.O.   | TRADE                | GROUP E                      | FFECTIVE         | D.R.O.                  | FROM     | то              | DAYS      | REMARKS                               | D.R.O.   | RITAL    |
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| 80             | of 6175 Toronto  | 23/        | 43         | 615520        | 11'                      | 19         |                    |          | 110-6/-  |                      |                              |                  | 11 3 A                  |          |                 | * .       |                                       |  | GH CR    |
| 10             | 5 # 4 A.O.S. London  | - 24 1     | 13         | 440517        | TFO II                   | -/2-43     | APR                | 20/2     | 1-1-44)  |                      |                              |                  |                         |          |                 |           |                                       |  | TEC      |
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| To             |  | 26 6       |            | 14151         |                          |            |                    |          |          |                      |                              |                  |                         |          |                 |           |                                       |  | CHOO     |
| Des            | scharged XR air 392/1.   | v) 11 G    |            | 1452          |                          |            |                    |          |          |                      |                              | 22               |                         |          |                 |           |                                       |  | 7 1      |
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| Pre            | esumed Dead. 8 June 44   | e sec      | 9370       | 12 Feb. 4.    | 7                        |            |                    |          |          |                      |                              |                  |                         | UNIT     | DATE<br>COMMENC | ED        | DATE<br>DISCONTINUED                  | D. R. O.   |          |
| O.A            | 0  |            |            |               | 194114                   |            |                    |          |          |                      |                              |                  |                         | 5        |                 |           |                                       | 24   |          |
| Ĭ              | × ×  |            |            | ,             |                          |            |                    |          |          |                      |                              |                  |                         |          |                 |           |                                       | 1 1 1  |          |
| ,              |  |            |            |               | 3. MEDIO                 | CAL HISTO  | RY                 |          | Α        | 25                   |                              |                  |                         |          |                 |           | 2)                                    |  |          |
|                |  |            |            |               |                          | EXAMINA    | TIONS (IN          | RED INK) | 1.5      |                      |                              |                  |                         |          |                 |           | 9                                     |  | 1        |
|                |  |            |            |               | DATE                     | FORM       | CATE               | GORY     | REMARKS  |                      |                              |                  | 1 .                     |          |                 |           | 5 B                                   |  | - 6      |
|                |  |            |            |               |                          | HOSPITALIZ | ATION (IN          | BLACKI   | NK)      |                      |                              |                  |                         |          | ÷               |           | ; i                                   |  | -   2    |
|                |  |            |            |               | HOSPITAL                 | ADMITTE    | D DISCH            | IARGE    | D. R. O. |                      |                              |                  |                         |          |                 |           | -                                     |  | ┨.       |
|                |  |            |            |               | QUARTERS                 |            | D RET'N            |          |          | 5.4.                 |                              |                  |                         |          |                 |           | 11                                    |  |          |
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|                | Misseny  | 116        | o lighting | d .           |                          |            |                    |          |          | (Carly)              |                              |                  |                         |          |                 |           |                                       |  | _        |
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|                | 5.   |            | -          | -             |                          | -          |                    |          |          |                      |                              |                  |                         |          |                 |           |                                       |  | -        |
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|                | - CMJERFOL   |            | -          |               |                          |            | CENTRAL CONTRACTOR | 37 3     |          |                      |                              |                  |                         |          | -               |           |                                       |  | -        |
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PLACE 17 Depox

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V.C.

RELIGION

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

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

|  |   |                   |                              |           |   | OFFICERS, AIR  | MEN AND AI   | RWOM  | EN   |                              |                                    |  | s s  | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |             |  |  |  |
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| BIRTH DATE   | PLACI                                   |                   |                              | UNTRY     | CITIZENSHIP   | RACIAL ORIGIN  | PARTICULARS OF FAMILY  |   |  |                              |                                    |  | 718 3 778 791  |   |             |  |  |  |
| 29-6-21  | Millton                                 |                   |                              |           | CANADA  | IRIS4  | SINGLE, MARRIED, WIDOWER, DIVORCED Married   |   |  |                              |                                    |  |  |   |             |  |  |  |
| The state of the s |   | , с               | CIVIL E                      | DUCAT     | ION   |  | WIFE (FULL MAIDEN NAME) OR HUSBAND NORCH. Evelyn Schal (Bir Chen)  |   |  |                              |                                    |  |  |   |             |  |  |  |
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#### The following is a list of some of the abbreviations which might occur in the enclosed Royal Canadian Air Force personnel records

adm. admitted
Air B. Air Bomber

AC1 or AC2 Aircraftman 1st Class or 2nd Class

ACHQ Air Command Headquarters or Area Combined Headquarters

ACU Aircrew Conditioning Units

ADC
Air Detection Corps
AEM
Air Engine Mechanic
AFHQ
Air Force Headquarters
AFM
Air Frame Mechanic
AFS
Advanced Flying School
AFU
Advanced Flying Unit

AG Air Gunner

AGGTS Air Gunners Ground Training School

AGS Air Gunnery School

AGTS Aircrew Graduate Training School
AHU Administrative and Holding Unit
AID Aeronautical Inspection District
AMD Auxiliary Manning Denot

AMD Auxiliary Manning Depot
ANS Air Navigation School
AOC Air Officer Commanding
AOS Air Observer School

APE Address Prior to Enlistment
ARC Appraisal and Refresher Course
Arm (B or G) Armourer (Bombs or Guns)

auth. authority, authorized

AWL (or AWOL) Absent Without Leave

BAT Beam Approach Training

B&GS Bombing and Gunnery School

B&GFU Bombing and Gunnery Flying Unit
BR Bomber Reconnaissance Squadron

BSU Bombing Survey Unit
CFS Central Flying School
CIU Clinical Investigation Unit

CLK Clerk

CMU Construction and Maintenance Unit

CTS Composite Training School

CU Conversion Unit

CVSM Canadian Volunteer Service Medal

dis. discharged

DRO Daily Routine Order D.T. Driver Transport

Enemy Aircraft (or Enemy Action)

EAC Eastern Air Command

ED Equipment Depot or Efficiency Decoration

EFTS Elementary Flying Training School

Elect. Electrician Emb. Embarked

Eqpmt. Ass't. Equipment Assistant
F/C Flight Commander
FIS Flying Instructors School

FL Flying List
F/Lt Flight Lieutenant
Flt. Eng. Flight Engineer
Flt/Sgt (or F/S) Flight Sergeant
F/O Flying Officer
FTU Flying Training Unit

FW Fighter Wing
G/C Group Captain
GD General Duties

GIS Ground Instructors School
GRS General Reconnaissance School

HE Home Establishment (or High Explosive)

HCU Heavy Conversion Unit
HWE Home War Establishment
IFS Instrument Flying School
ITS Initial Training School
KIA Killed in Action
LAC Leading Aircraftman

LAW Leading Aircraftwoman
LG London Gazette
LWOP Leave Without Pay
LWP Leave With Pay

LWP Leave With Pay
Mach. Machinist
MD Manning Depot

MID Mentioned in Despatches

MM Motor Mechanic Nav. Navigator

NETD Non-Effective Transit Depot

N/E Unit
NWAC
North West Air Command
OTS
Operational Training Squadron
OTU
Operational Training Unit

P/L Privilege Leave
P/O Pilot Officer

PRC Personnel Reception Centre

PTU Port Transit Unit

RC Recruiting (or Release or Reselection) Centre

RD Repair (or Repatriation) Depot
RDF Radio Direction Finding (Radar)
RNS Radio and Navigation School

RU Radio Unit

SAN School of Air Navigation SE Servicing Echelon

SFTS Service Flying Training School

Sgt. Plt. (or Sgt. P.)

Sergeant Pilot

Squadron Leader

SLTW Special Leave Travel Warrant

SOS struck off strength
SR Special Reserve
SU Staging Unit

TAC Tactical Air Command
TAF Tactical Air Force
TD Temporary Duty

TOS taken on strength (of a unit)
TTS Technical Training School

U.T. Under Training

WAC Western Air Command

WAG (or WOAG) Wireless Operator/Air Gunner

W/C Wing Commander w.e.f. with effect from

WEM Wireless and Electrical Mechanic [Radar]

Wg Wing

Wg Hq Wing Headquarters
W/Mech. Wireless Mechanic
W/O (or W/Op) Wireless Operator

WOI or WOII Warrant Officer (Class 1 or Class 2)

WS Wireless School

"Y" Depot Overseas Transit Depot