

J14632
MCFADDEN
HUGH CHARL

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 McFADDEN, Hugh Charles (b) Reg'l. No. R147298
2. (a) Arm of service Air (b) Unit 2 "H" Depot, Brandon, Man. (c) Rank AG2
3. (a) Date of birth July 3/15 (b) Have you any dependents? Yes (c) Place of residence Winnipeg, Man. at time of enlistment
4. (a) Place of enlistment Winnipeg, Man. (b) Date of enlistment Dec. 18/41.

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 22 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 12
7. If you attended a university, give name of university and standing or degree secured Manitoba University, Toronto University - Honors B.S.
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? NO

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 Dominion Government Dep't. of Labor Address Ottawa, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Government.
20. (a) Your specific occupation Economist (b) Number of years' experience at this occupation with any employer 1 yr.
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? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE 10-1-42 194 2

SIGNATURE Hugh C McFadden

R.C.A.F. Records Office
Rec'd FEB 3 1942
O. K. C. I. B.
R. C. N. I.
S. L. P. A.

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Ottawa, Ontario Date Nov. 15, 1941

FILE NUMBER

Surname MCFADDEN Chr. Names HUGH CHARLES
Nature of Commission Navig. Inst. Date of Birth 3/7/13 Married or Single Single
Branch R.C.A.F. Hours Flown.....
Address Rivers, Manitoba.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine..... NO
Fits or Convulsions of any kind..... NO
Sun or Heat Stroke..... NO
Head Injury or Concussion (including "knock-out")..... NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... NO
- (ii) LUNG TROUBLE or Consumption..... NO
Bronchitis, Pneumonia or Pleurisy..... NO
Asthma or Hay Fever..... NO
- (iii) HEART DISEASE, "Weak or Strained Heart"..... NO
Fainting Attacks or Giddiness..... NO
Rheumatism, Rheumatic Fever or "Growing Pains"..... NO
Frequent Sore Throats or Tonsillitis..... NO
Diphtheria, Scarlet Fever or Scarlatina..... NO
- (iv) STOMACH or BOWEL TROUBLE..... NO
Chronic Indigestion or Pain after Food..... NO
- (v) KIDNEY or BLADDER TROUBLE..... NO
Syphilis or Gonorrhoea..... NO
- (vi) TROPICAL DISEASE..... NO
Malaria..... NO
Dysentery..... NO
- (vii) EYE TROUBLE or Inflammation of Eyelids..... NO
Wearing of Glasses..... Has worn glasses to read 5 yrs.
Colour or Night Blindness..... NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... NO
Deafness, Noises in the Ears, or Dizziness..... NO
Frequent Colds in Head, Catarrh or Obstruction..... NO
Prolonged Hoarseness or Loss of Voice..... NO
Sea, Car or Train Sickness..... NO
Discomfort on Swings, Roundabouts, Switchbacks..... NO
- (ix) OPERATIONS..... T. & A. Appendectomy - 28-5-41.
- (x) Any illness or Injury not mentioned above..... No

Education B.A. (Honours) Economics 1 yr. P.C.
 Present Occupation Economist Hobbies Pastimes
 Previous Service None
 Athletics Track, Badminton, Tennis, - average
 Habits—Smoking 0 Alcohol 1 qt. beer per wk.
 FAMILY HISTORY—Consumption..... Diabetes..... Haemophilia.....
 Nervous Ailments, Mental Trouble, or "Fits".....
 Father Alive—Health..... Dead—Cause "Heart"
 Mother Alive—Health..... A.&W. Dead—Cause.....
 Brothers (3) Alive—Health..... (0) Dead—Cause.....
 Sisters (3) Alive—Health..... (0) Dead—Cause.....

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

Date 14-11-41 Signature Hugh G. M. Fadden Witness N. E. Hall 7/6

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique **Athletic** (b) Mentality **Standard**
 Body Marks, Scars, Deformities **Appendectomy scar.**
 Size of Thyroid Gland **N.P.**
 Surgical Abnormalities **N.I.**
 Results of Wounds, Injuries, Operations **N.I.**

	Date 14-11-41	Date.....	Date.....	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	69			Date.....
Weight (lbs.).....	150			
Chest Circumference (ins.).....	33-36			
Body Build (lbs.).....	+1			
LEG LENGTH (ins.).....	41			
Pulse Rate { Sitting.....	84			
{ Standing 1st.....	96			
{ Standing 2nd.....	84			
{ After Exercise.....	108			
{ Time to Normal.....	35			
Arterial Walls.....	N.			Date.....
Blood Pressure { Systolic.....	135			Date.....
{ Diastolic.....	90			
Room Temperature.....	70°			
Heart { Size (in cms.).....	8.5 cms.			Date.....
{ Sounds.....	N.			
{ Rhythm.....	Reg.			
Lungs { Inspection.....	N			Date.....
{ Palpation.....	N			
{ Percussion.....	N			
{ Auscultation.....	N			
{ Expiratory Force.....	180			
{ X-Ray.....				
Reflexes { Knee.....	Active			Date.....
{ Ankle.....	"			
{ Triceps.....	"			
{ Abdominal.....	"			
{ Plantar.....	+ +			
Cranial Nerves.....	Intact			Date.....
Balancing Rod.....	R. L. S-1 S-1	R. L.	R. L.	
Self Balancing.....	R. L. S-1 S-1	R. L.	R. L.	
Tremors { Fingers.....	0 0			Date.....
{ Eyelids.....	0 0			
Abdomen { Liver.....	N.P.			Date.....
{ Spleen.....	N.P.			
{ Muscular Tone.....	Good			
Urine { Albumen.....	0			Date.....
{ Sugar.....	0			
Initials of M.O.	W.E.H.			

40 mm. Hg. Test
 Date **14/11/41** **60** **7/887/787/888/777/** **W.E.H. Trial 1.**
 Date.....
 Date.....
 Date.....

14-11-41 "Fit" W.E.H.

EYE EXAMINATION

History..... **Neg.**

Visual Acuity { R 20 / 20 , $+2.5$ =
 { L 20 / 20 , $+2.5$ = (20/70

Colour Vision..... **N. (Ish.)**

Red, Green..... **N**

Diaphragm Test (P.D. = 64 mm.....) **Bar over 4 at 4.**

Convergence { C. = 6.0..... cms.
 { S. C. = 7.5..... cms.

Accommodation { R. 9.0 cm.
 { L. 10.0 cm.

Cover Test..... **N**

Fundi and Media..... **N**

Fields..... **N**

REMARKS: **"Fit" A3B**

Initials of M.O. **W.E.H.** Initials of M.O. Initials of M.O.

Date **14/11/41** Date Date

EXAMINATION OF EAR, NOSE AND THROAT

History..... **Neg.**

Hearing { R. Ear..... **WV 20 ft.**
 { L. Ear..... **WV 20 ft.**

External Ear, Meatus { R. Ear..... **N**
 Membranes { L. Ear..... **N**

Middle Ear, Eustachian { R. Ear..... **N**
 Tubes..... { L. Ear..... **N**

Cochlear Apparatus..... { R. Ear..... **N**
 { L. Ear..... **N**

Vestibular Apparatus..... { R. Ear..... **N**
 { L. Ear..... **N**

Buccal Cavity..... **N**

Teeth..... **D.C. 28, Pts. 18**

Gums..... **N**

Pharynx..... **N**

Nasopharynx..... **N**

Nose..... **N**

Larynx..... **N**

REMARKS: **Fit.** Initials of M.O. **W.E.H.** Initials of M.O. Initials of M.O.

Date **14/11/41** Date Date

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

14/11/41

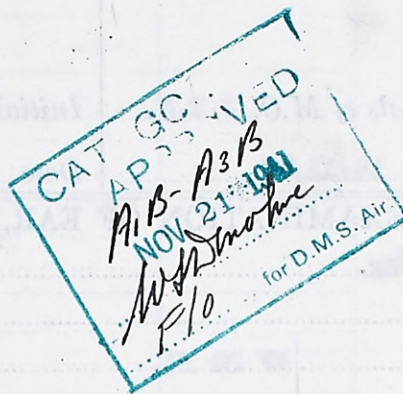
A1B - A3B

Fit.

W.E. Hall F/O

Intelligence 0.15. 25.

Subject to approved X Ray of Chest



OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

Mrs. Joan H. McFadden,

15 Montreal Road,

Ottawa,
Eastview, 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. J14632 FD 95

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 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

McFADDEN, Hugh Charles, F/O

J.14632 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.



N. O. Seagram F/O
for (N. O. Seagram) S/Ldr.,
for (L. M. Firth) Lt.-Col.
Administrator of Estates.

ADB/MK

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.....	JOAN HARRISON McFadden	25	15 Montreal Road Ottawa -
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	JAMES McFadden - deceased - 7 years ago		
4	Mother of the Deceased.....	Bertha McFadden	72	Flem Flow Manitoba Rivers, Manitoba Flem Flow RCAF - AOS - Manitoba Winnipeg
5	Brothers of the Deceased	Full Blood	Chester all over 21 William Earl	
		Half Blood		
6	Sisters of the Deceased	Full Blood	Anne McFadden } all May Ashton } over Alice Jenner } 21	Morden, Manitoba Rivers, Manitoba Prince Albert, Sask Prince Albert, Sask
		Half Blood		
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	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	HUGH CHARLES McFadden
9	Date of his birth.	July 3rd, 1913 - Renss, Manitoba
10	Place and date of his marriage.	Winnipeg, Nov. 28th, 1941
11	Place and date of his parents' marriage.	not known.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Renss Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Manitoba 27 years. (b) Ontario 1 year - (c) (d)
14	Nature of employment before enlistment.	Economist - Dominion Government
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.	Ottawa

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Airforce will only
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?	Imperial Bank - Ottawa - # 3175 Joint account 694.00 - with wife Transferred by Bank to wife's account 3582 on April 12, 1944.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	—
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Bonds bought in — name of wife.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Sun life insurance - \$1,000 payable to wife.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

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.	(a) Expenses for temporary duty while on overseas last trip in March, 1944 -
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.	—

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Widow 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.

Joan McFadden {Signature of Informant
15 Montrose Road Ottawa Ontario Address

CERTIFICATE

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

See above. { Name of informant } is the Widow 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 Ottawa this 15 day of May 19 44

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

Wesley Ine Intosh Qualification Flight Lieutenant

Address 168 H-1 Squadron R.C.A.F Station Rockcliffe

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

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 28 2. Have you ever suffered from any of the following defects in health?
- | | |
|---|---|
| (a) Rheumatism.....no..... | (j) Nasal Trouble.....no..... |
| (b) Tuberculosis.....no..... | (k) Ear Disease.....no..... |
| (c) Bronchitis or Asthma.....no..... | (l) Eye Disease.....no..... |
| (d) Heart Disease.....no..... | (m) Epilepsy.....no..... |
| (e) Kidney or Bladder Disease.....no..... | (n) Nervous or Mental Disease.....no..... |
| (f) Gastro-intestinal.....no..... | (o) Syphilis.....no..... |
| (g) Rupture.....no..... | (p) Gonorrhoea.....no..... |
| (h) Varicose Veins.....no..... | (q) Bone Fracture.....no..... |
| (i) Flat or Deformed Feet.....no..... | (r) Other Disease or Defect.....no..... |

3. Have you ever worn glasses? To read 5 yrs.

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

Kugh G. McFadden
Signature of Applicant

Examiner's Remarks re above.....

.....nil.....

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

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

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

2. Height.....5 feet 9 inches. 3. Weight.....150 pounds.

4. Complexion.....*17 alb.* 5. Color of Eyes.....*Blue* Hair.....*Brown*

6. Development { Good
Fair
Poor } 7. Chest Measurement—Full expiration.....37 inches
Range of expansion.....3 inches

8. Hearing—Right.....*N.V. 20* Left.....*N.V. 20* Tympana—Right.....*Normal* Left.....*Normal*

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

10. Condition of mouth and teeth.....*Good - Nose clear*

11. Urine—Albumen.....*N. eg.* Sugar.....*None*

12. Abnormalities (Congenital and Pathological) found on Examination.....
.....X-ray chest negative. (17.1241).....

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

A4B

Any special remarks of the Medical Officers.....

Part 2 Cont'

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure S. D. 135/90

17. Colour Vision *Normal*

Date.....17.12.41.....19.....

.....
President

J. Bellan
Member

Member

54
113
3

NATIONAL REGISTRATION CERTIFICATE
PRODUCED BY
H. K. Kibblerwhite

FOR OFFICIAL USE ONLY

(A) Report of Interviewing Officer—

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

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

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

(B) Report of Trade Test—

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

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

(C) DECLARATION MADE BY MAN ON ATTESTATION

I, HUGH CHARLES MCFADDEN 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 December 18 19 41 *Hugh C. McFadden*
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date December 18 19 41 *Hugh C. McFadden*
Signature of Recruit

(E) CERTIFICATE OF ATTESTING OFFICER

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

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

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

at Winnipeg, Manitoba this 18th day of December 19 41

Ch. Glem P/O Wpg. Recruiting Centre.
Signature of Officer Rank Unit

21. Particulars of Education:

	Name of school	Date		Courses—Subjects; etc.
		From	To	
Primary Education—Public or Separate School.....	Rivers Consolidated	1920	1927	
High School—Collegiate Institute, etc.....	" "	1927	1930	Grade XI
Technical School.....	Extra-Mural	1932	1934	Grade XII
University or School other than above.....	Univ. of Manitoba	1936	1940	Hon. B.A. specialized in History, Economics & Mathematics
Correspondence Courses, etc.....	University of Toronto	1940	1941	Post-Grad work in Economics

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
See appendix A.				

23. Flying Experience (in Hours) Solo none Dual N.A. Passenger N.A.

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

25. Sports engaged in. State: extensively, moderately, occasionally. Track, extensively, Tennis, badminton & swimming, moderately.

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

27. Names of at least ~~two~~⁴ persons who can give references as to character and ability.

Name	Address	Occupation
Mr. W. C. Graham	United College, Winnipeg	College Principal.
Harold Greenway	Bureau of Statistics, Ottawa	Statistician.
Mr. H. A. Innis	University of Toronto	Economist.
J. A. Walker	77 Ledburg Road, Toronto	Bond Dealer.

28. Other information that may have any bearing on this application. In 1939-40 I held a teaching assistantship in the Dep. of Economics at United College, Winnipeg. In 1940-41 I held a similar appointment in the Dep. of Economics, University of Toronto.

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 Dec. 17 1941 Signature Hugh C. McFadden

L21P r/c 2179

SPECIAL RESERVE

1101

AIR FORCE No. R-14 7298 POSTED TO #5 M.D. Lachine Quebec. TRADE AC2 Aircraft

pilot or observer

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

- 1. Name McFADDEEN FULL Christian Names HUGH CHARLES
- 2. Present Address 143 Canora Street Winnipeg Telephone 30025
- 3. Permanent Address Rivers, Manitoba
- 4. Place of Birth Rivers Manitoba Citizenship Canadian
- 5. Date of Birth July 3, 1913 Married, Single, Widower, Separated, Divorced married
- 6. Particulars of Children

Name	Date of birth	Name	Date of birth
<u>none</u>			

- 7. Occupation Economist
- 8. Religion United Church State denomination
- 9. Languages English with slight knowledge of French State proficiency
- 10. Next of Kin (Full Name) Joan Haywood McFadden Relationship Wife
Address 143 Canora Street Winnipeg
- 11. Father (Full Name) James McFadden Birthplace Ireland
Address Deceased Citizenship British
Occupation Farmer
- 12. Mother (Full Maiden Name) Alberta Louisa Evans Birthplace London Ontario
Address Rivers, Manitoba Citizenship British

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
<u>none</u>						

Rec'd. DEC 23 1941
 O.K. [initials] C.B. [initials]
 R.C. [initials] N. [initials]
 S.L. [initials] P.A. [initials]

- 14. Honours, Awards, Mentions N.A.
- 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.? For Commission as Navigation Instructor If so, where? Ottawa
When? Nov. 14, 1941 Result Withdrawn
- 17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
If so, state nature of disability N.A.
- 18. Have you ever been or are you now in receipt of a Disability Pension? No
If so, state nature of Disability N.A.
- 19. Have you ever been convicted of an indictable offence? No If so state nature N.A.
- 20. Are you in debt? No If so, state particulars N.A.

420-291

[Handwritten signature]

NAME McFADDEN, Hugh Charles

FILE NO. J14632

RANK Flying Officer CATEGORY KILLED

REG. NO. J14632

DATE OF DEATH: 2-April-44 MOTHER LIVING: YES WIFE: YES

MINISTERIAL CARD: 14-4-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN: **AUG 29 1944**

To wife

SEP 25 1944

DEL'D TO MOTHER: **SEP 21 1944**

DEL'D TO WIFE:

141414

Mrs. H.C. McFadden,
15 Montreal Road,
Eastview, Ontario.

mother
Mrs. James McFadden,
Rivers,
Manitoba.

COMMAND:

RELIGION:

g/c



J14632-

M^cFadden HC.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **014632(R147298)** RANK **FLYING/OFF.** UNIT **ROCK. ONT.**

TRADE **AIR/NAV. (GEN LIST)**

168 H.T. SQUADRON

NAME **McFADDEN, HUGH CHARLES**

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

ROCKCLIFFE M.P.O. 316 ONT.

MARITAL STATUS **MARRIED** RELIGION **U.C.** CANADIAN **YES**

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MRS. JOAN H. McFADDEN, (WIFE)**

ADDRESS **15 MONTREAL RD., EASTVIEW, ONT.**

NAME ADDRESS D.A.B. **AGREES**

*Commanding officer,
R.C.A.F. Station,
Rockcliffe,
Ottawa, M.P.O. 316, Ont.*

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MRS. J.H. McFADDEN, (WIFE)**

ADDRESS **15 MONTREAL RD., EASTVIEW, ONT.**

FATHER'S NAME

ADDRESS

LIVING ON ENLISTMENT **NO**

MRS. JAMES McFADDEN,

MOTHER'S NAME **RIVERS,**

LIVING ON ENLISTMENT **YES**

ADDRESS **MANITOBA.**

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **ROCK-----A510-----d-2-APRIL-44.**

NR105/2-APRIL-44

"KILLED" 2-APRIL-44 AS A RESULT OF A ~~TERMINAL~~ FLYING ACCIDENT (OVERSEAS)

(PRESTWICK, SCOTLAND.) (CARRYING MAIL)



LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? **YES** **XX**

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? **YES** **XX**

DATE **10-APRIL-44**

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

Om Bustnell

FOR CHIEF OF THE AIR STAFF

Certified True Copy P. 415536

ROYAL AIR FORCE.

Form 551.

Wickham

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

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I.)

1. Surname MCADDEN Christian Names (in full) NOT KNOWN INITIALS "H.C."
 Rank E/O. Number J.14632 Unit No. 168 Sqn., R.C.A.F.
 Date and time of accident 2 April, 1944 0013 hrs Place of accident FRESEWICK

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

DECEASED (FATALLY INJURED)

AIRCRAFT B.17E., 9207.

Can B

3. (a) Description of injuries:—

Multiple Injuries and Incineration.

(b) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later?

(i) N/A. (ii) N.O.

(c) Whether (i) admitted to hospital or (ii) provided with medical comforts (see para 2312 K.R. & A.C.I.)

(i) N/A. (ii) N.I.

Stamp: FEB 8 1946

Date 2.4.44 Signature of Medical Officer Signed) D.S.M. MacArthur S/Ldr.

4. Commanding Officer's statement :—

(a) Was the injury sustained

- (i) In the performance of air force duty?..... Yes
- (ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority?
- (iii) On leave?.....

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

- (i) By whom was the game, etc., organised and under whose authority?.....
- (ii) The nature of the game, etc., (e.g., football).....
- (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?(a).....(b).....

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?
- (v) Was the officer or airman a selected representative of an Air Force unit practising under authority?.....
- (vi) If so, under what authority and supervision?
- (vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot?

(c) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2)).....

(d) Was the injury due to his own fault, i.e., did it arise from negligence or misconduct or any blameworthy cause within his own control? See Clause (f) below. If so, state in what way.....

(e) Was anyone else to blame? If so, give name and particulars

(f) Is the accident being investigated by

- (i) Court of Inquiry? If so, state date and place Court of Inquiry - 3rd April, 1944 - R.A.F. Station, PRINSTON.
- (ii) An investigating officer?..... (see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

(g) In the case of an airman, if the answer to question (d) is in the affirmative, state whether hospital charges have been or will be recovered (see K.R. 2312.)

Signature.....(Signed) J. R. GRIMM C/OAPT.....

Date.....2nd December,.....1944..... Commanding R.A.F. Station, PRINSTON.....

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
J14632	Flying Officer.	McFADDEN	Hugh Charles
5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE NO.	8. RELIGION
No. 168 H.T. Sqn. Rockcliffe, Ont.	2/Apr/44.	(J14632)	United Church

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Aircraft accident.	Mrs. H.C. McFadden (Wife), 15 Montreal Road, Eastview, Ont.
11. LOCATION OF UNIT AT TIME OF CASUALTY	
Prestwick, Scotland.	

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
prestwick.	Shaw Road, Prestwick, Ayrshire.	Grave..... 16 Plot..... K.l. Row	Grave - 16. Plot - K.l.

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
No official photographs taken. Photographs taken by R.A.F. Station, Prestwick.		Photographs forwarded to No. 168 Squadron. - Forwarded to next of kin.

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

BURIAL RETURN.

[To be rendered within 14 days by parent Unit in respect of all burials (including enemy dead) whether or
not due to war operations.]

(Date) 8/4/44 1944

PLACE OF BURIAL PRESTWICK Map Reference 489857
(and name of Cemetery) PRESTWICK

Grave No. Section K.1 16 Personal or Official No. J.14632
Unit 168 S.D.

Name : (Surname) McTADDEN (Initials) H.C.

Rank P/O. Religion U.C.

Date of Death 2/4/44 Date of Burial 6/4/44

Means of Identification

To be answered by Home Units and Units in the Field.

Have effects (if any) been forwarded to the (i) Base Personnel Staff Office

..... N.A...... (ii) Standing Committee of Adjustment?..... YES.....

To be answered by all Units.

CROSSES. (Strike out as necessary.)

13 APR 1944

1. ~~No Cross required, as an adequate cross with durable inscription is already in position.~~
2. Cross required : (a) ~~Will be called for at G.R.U. Office at.....~~
(b) ~~To be forwarded by G.R.U. to.....~~
(c) To be erected by G.R.U. as soon as possible.
3. For Units in the Field.

When a Chaplain, Burial Officer or Commanding Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form the authority responsible for supplying the details of identity, and (if possible) how these were obtained.

(Signed)..... W. Howard Scores N.M...... Unit..... P.A.A.F., WRESTWICK.....

Chaplain, O. i/c Burials, or O.C. Unit.

Distribution :—Units in the Field

Home Units and Overseas
Units not in the Field

{ 2 copies to B.P.S.O.
1 copy to Head of Graves Services.
2 copies to Air Ministry.
1 copy to Record Office for Airmen.

PHOTOGRAPH OF
Hugh Charles McFADDEN



Hugh C. McFadden
Hugh Charles McFADDEN

DATE November 14th, 1941.

CERTIFIED BY:

[Signature]
Commanding Officer,
R.C.A.F. Recruiting Centre,
OTTAWA, Ontario.

A.F.M. 21
17-10-40

No. 6248
**REPORT ON FLYING ACCIDENT OR
 FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION.**

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

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

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

- (i) One copy direct to Air Ministry, C.I. (Accidents).
- (ii) Two copies direct to Air Ministry, (S.4. Statistics).
- (iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
- (iv) One copy through usual channels to Command Headquarters.

[In addition, and only if casualties to airmen are involved.]

- (v) One copy direct to Records Office.

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

T. 63. 2nd April

1. UNIT R. A. F. Prestwick	Group No. 44	Command TRANSPORT	Serial No. of Form 7/44
2. DATE OF INCIDENT 2nd April 1944		3. NATURE OF AND PURPOSE FOR WHICH FLIGHT AUTHORISED:—	
TIME 00.15A		Nature { (i) Operational or Non-operational? Non-Operational	
SITE OF INCIDENT		(ii) Day or Night flying? Night	
(a) Name of airfield or landing ground PRESTWICK		(iii) Purpose RCAF. Overseas Service.	
(b) Place (if (a) not applicable)			
(c) County Argshire.			
Part (a) to be completed if the incident occurred on, or whilst taking off from or approaching to land on an airfield or landing ground.		This flight is being included in this Unit's flying hour summary on { Form 765A ? (Delete as necessary) Form 765B ?	

4. TYPE OF AIRFRAME AND ENGINE and extent of damage (see footnotes to this section).

Details of Airframe and Engine.	Airframe.	Engine.			
		Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type	PORTRESS.	Wright	Cyclone	Wright	Cyclone
Mark or series	P. 17E	P. 1820-65	P. 1820-65	P. 1820-65	P. 1820-65
R.A.F. No. (and makers' No. for engines)	RCAF. 9207	UNKNOWN^a	UNKNOWN^a	UNKNOWN^a	UNKNOWN^a
Total hours run	UNKNOWN^b	"^b	"^b	"^b	"^b
Date last installed in Airframe	—	"^b	"^b	"^b	"^b
c Extent of damage	E.	E.	E.	E.	E.

^a To be quoted whenever an engine is damaged or fails.

^b To be quoted only for incidents involving defect or failure of airframe or engines.

^c To be indicated as:—

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

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

AC = For repair by contractor's working party.

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

U = No damage.

5. ALL OCCUPANTS OF AIRCRAFT

and

FLYING EXPERIENCE OF PILOTS.

- (i) Names to be entered in order of duty : 1st Pilot, 2nd Pilot, Pupil Pilots, etc.
 (ii) Degree of injury to be classified as : Missing, Killed, Injured (admitted to Sick Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.)

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Flying Experience of Pilots and Pupil Pilots. See Note (ii)					
					Part A.		Part B (see Note (i) below).		Part C (see Note (ii)).	
					Total Solo (Day & Night).	Type Quoted in Part 4.	Solo (Night).	All Types.	Instru-ments.	Link Trainer.
Pilot	Cathcart N.C.	F/O.	N.C. 6243	K.	UNKNOWN	UNKNOWN				
I/O.	Shanshan J.D.	F/O.	J.16166	K.						
N/O.	McFadden H.C.	F/O.	J.14632	K.						
R/O.	Gaunt G.T.	F/O.	J.14910	K.						
Eng.	Lavergne E.I.	Gpl.	R.156555	K.						

NOTE (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.

6. STAGE OF FLIGHT.		7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.	9. IF INCIDENT occurred when taxiing on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings.	F. In flight.		A. Day (daylight).	E. Moonlight.
B. Starting up.	G. Landing		B. Dusk (half light of evening)	F. Not known.
C. Stationary other than A or B.	H. Towed or manhandled.		C. Dawn (half light of morning).	
D. Taxiing.	J. Not known.		D. Dark (no moon or moon obscured).	
E. Taking off				
Quote A or B or C, etc., as appropriate		Yes on ground	Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary	NO.

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.....

2nd April 1944. Report on crash of Fortress No. 9207 by Sgt. Dewhirst, Airfield Controller on duty. Fortress No. 9207 took off from runway 14 at 00.11 on 2nd April 1944. The take off was in all respects normal and the aircraft became airborne at the runway intersection. After take off the aircraft climbed steeply to an estimated height of 300 ft. directly over the runway. The aircraft then made a steep climbing turn banked to port at 90° and spun into a vertical dive which continued until the machine hit the ground. The aircraft exploded on impact. As soon as the aircraft was seen to be in difficulties I informed the Controller and also phoned the crash services.

(Sgd) D.H. Dewhirst. Sgt.

11. REPORT BY APPROPRIATE SPECIALIST 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.

The aircraft is almost totally burnt, the only portion not damaged by fire being the Port Wing outer half. Preliminary examination reveals no obvious technical failure, but according to eyewitness reports on the behaviour of the aircraft on take off, the fact that the port wing flap is more than half down and does not appear to have moved to this position after the crash, may possibly account for the rapid climb of the aircraft. The Port elevator trim tab is slightly trimmed to give nose heavy which appears to indicate an attempt was made to return the aircraft to its normal altitude.

Is Form 1022 or 1023 being rendered? } NO. Signature (Sgd) R.H. Wornington F/O.

ENG. O.

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).

No Unit on Station.

Signature..... Commanding..... 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? Yes or No..... If any such assistance was rendered, the recommendation is to be forwarded separately.
- (ii) Remarks.

This A/C was certainly climbed too steeply as soon as it became airborne and stalled at the top of its climb. The position of the flaps at take off will have to be considered by the Court of Inquiry.

(Sgd) J.B. Graham
Group Captain, Commanding,
R.A.F. Station, Prestwick.

Signature..... Commanding..... Date..... 2/4/44.

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT
MC FADDEN

SURNAME.....

CHRISTIAN NAMES..... Hugh Charles

MARRIED..... NO. OF CHILDREN..... None

AGE..... 28
HEIGHT..... 5' 9"
WEIGHT..... 150
N.F. ADMINISTRATION.....
TECHNICAL.....
E.U.P.-ACCTS.....
FLY/GEN. LIST.....
ING

PILOT..... P. OR. OBSERVER
OBSERVER.....
W.O. AIR GUNNER.....
APPROACH..... X
Confident.....
Nervous.....
Easy.....
CARRIAGE..... X
Upright.....
Medium.....
Athletic.....

EDUCATIONAL STANDING- Number of years
High School..... Grade XII
University (Name and dates of attendance).....
Honours B. A. - Manitoba, 1936-40. University of Toronto
Post Graduate work 1940-41
Standing Other Countries..... in economics

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

FLYING EXPERIENCE:- Total hours NONE
COMMERCIAL Hours..... Solo..... Dual.....
Private Hours..... Solo..... Dual... Passenger...
No. Hours & Types during last 2 years.....

PHYSIQUE..... X
Medium.....
Heavy Set.....
Slender.....

MILITARY AND OTHER TRAINING:-
NONE

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

SPORTS:- (What Branches)
Track, swimming, tennis, badminton

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

HOBBIES:-
Read extensively

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

This applicant applied for commission as Navigational Instructor, but now wishes to go Air Crew. Has good education and expects to be granted his M.A. very soon. Steady and mature type. Should make good Observer.

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

REFERENCE CHECKED -- SATISFACTORY
" " -- UNSATISFACTORY
" NOT CHECKED --

R.C.A.F. Records Office
Rec'd. DEC 23 1941
O.K. C.I.B.
R.C. N.
S.L. P.A.

EXCELLENT..... X
ABOVE AVERAGE.....
AVERAGE.....
BELOW AVERAGE.....
MARK WITH AN "X" THE DESCRIPTION WHICH APPLIES

CONSIDERED SUITABLE FOR COMMISSIONED RANK..... Yes
BEST FITTED FOR..... Observer

DATE 17-12-41
A.F.M.5
RECRUITING CENTRE Winnipeg

(Signature of Officer)
M. Brock F/O

UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE.

This form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the Dependents' Allowance Board.

DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM

Name of Officer or Enlisted Man..... **Hugh Charles McFadden** Official No..... **R-147298**

Rank..... **AC2** Unit..... **RCAP**

Unit Stationed at..... **Winnipeg, Manitoba.**

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the authentic Certificates of Marriage, Birth and Death, particulars of which are as follows:—

Particulars of Marriage Certificates Produced

Names of Parties to Marriage	Date of Marriage	Place of Marriage	*STATUS S., B., W. or D.	Name and Designation of Official Performing Ceremony
Hugh Charles McFadden	28-11-41	Winnipeg, Man.	B	G.R. Calvert
Joan Harrison Mayhood			S	

* STATUS: S.—Spinster. B.—Bachelor. W.—Widow or Widower. D.—Divorced.

Particulars of Birth Certificates Produced

Name of Child	Date and Year of Birth	Place of Birth	Full Name of	
			Father	Mother

Particulars of Death Certificates Produced

Name of Deceased	Date of Death	Place of Death	Name and Designation of Signer of Certificate

R.C.A.F. Records
Rec'd. DEC 23 1941
O.K. [Signature] C.I.B.
R.C. [Signature] N.I.
S.L. [Signature] P.A.

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents attached, hereunder—(If none, insert 'Nil').

Date **December 18, 1941.**

[Signature]
PAYMASTER

R.C.A.F. RECRUITING CENTRE
SINDSAY BLDG. WINNIPEG, MAN
UNIT

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

Appendix "A"
Bulletin No 204

AIRCREW

I hereby acknowledge that I have read, understand and agree to the following conditions of service which will apply in the event that I am accepted for enlistment in the Royal Canadian Air Force:

(a) That I may be called upon to perform other than Aircrew duties until the R.C.A.F. is in a position to begin my training as such

(b) That if at any time prior to the completion of my training in Canada under the British Commonwealth Air Training Plan I am found unsuitable for further training in the Aircrew category for which I was first selected:

(i) I may be remustered to any other Aircrew category for which I am found suitable,

or

(ii) If not selected for further training in an Aircrew category I may be remustered for service in any ground duties for which I am suitable; or, if found unsuitable for employment in any capacity I may be called upon to bear the penalty of discharge,

or

(iii) If found unsuitable for Aircrew duties and if considered to be in the interest of the Services concerned I may be released for enlistment or appointment in the Royal Canadian Navy or the Canadian Army.

A. J. Glenn P/O
(Witness)

Hugh C. McFadden
(Signature of Applicant)

Winnipeg, Manitoba.
(Place)

December 18, 1941.
(Date)

A.F.M. 23(c)
27-10-41

R.C.A.F. Records Office	
Rec'd. DEC 23 1941	
O. K. <i>ll</i>C. I. B.....	
R. C. <i>BY</i>N. I.....	
S. L.....	P. A.....

Finger Printed

Date NOV 25 1941
Initials JCB

ROYAL CANADIAN AIR FORCE
OFFICER'S APPLICATION AND RECORD SHEET

Date November 8 1941

I have the honour to apply for an appointment to the Special Reserve (Non-Flying List)
(General List)

Please read these notes before completing the form:—

- (a) All questions must be answered in candidate's own handwriting. It is not sufficient to leave a space for reply, blank. Write "N.A." if "Not Applicable". Incorrect answers may prejudice an applicant's chance of selection.
- (b) Where spaces are inadequate, information should be given on foolscap paper attached to and identified with this application.
- (c) Paragraphs 35, 36 and 37 must be signed, dated and witnessed.
- (d) The submission of false information or falsified documents in connection with this application may render the applicant liable to Prosecution.

1. Surname McFADDEN
(Use capital letters)

2. Christian Names HUGH CHARLES
(Use capital letters)

3. Date of Birth July 3, 1913 Place Rivers Manitoba Canada
City Province Country

4. Permanent Address Rivers, Manitoba.

5. Present address for correspondence stating date until which it holds good. Telephone
14 Henderson Ave., Ottawa (for an indefinite period) 39226

6. Nationality (If Naturalized Canadian, proof of naturalization must be submitted).....
Canadian born

7. Religion (State denomination, e.g., C. of E., R.C., U.C., etc.)..... United Church

8. Next of Kin (Name) Mrs. James McFadden Relationship Mother
Address Rivers, Manitoba.

9. Father's name in full James McFadden Alive Deceased Deceased
Address N.A.

Birth Place Northern Ireland Nationality British
Profession Farmer

Mother's maiden name in full Alberta Louisa Evans Alive Deceased alive
Birth Place Ontario, Canada

10. Has either parent acquired any other nationality? (If so, full particulars and date must be given).....
No.

11. Single, Married, Widower, Divorced, Separated?..... single
Particulars of Marriage N.A. (Date) (Place)

Full maiden name of Wife N.A. Birthplace N.A.

12. Particulars of Children:—

NAME	DATE OF BIRTH	PLACE OF BIRTH
<u>none.</u>		

13. Person or persons to be notified in case of casualty:—

Name Mr. C. J. McFadden Relationship Brother
Address Rivers, Manitoba.

14. Education:—

SCHOOLS	DATES IN ATTENDANCE		COURSES	DIPLOMAS AND DEGREES
	FROM	TO		
Rivers, Manitoba	1920	1930	Public High school	Gr. XI Matriculation
Extra-mural	1932	1934	Grade XII secured by night study; credits later transferred to 1st year University standing	
Universities				
Manitoba	1936	1940	Specialized in laboratory Economics & Mathematics	Honours B.A.
Toronto	1940-1941	1941	Economics, Post grad.	

15. Special Civil Courses or Examinations other than in 14 above, Correspondence Courses, etc.

None

16. Civil Employment, from leaving school to present in chronological order, and Reasons, if any, for leaving:—
(If space does not permit full details of civil duties supplementary memorandum should be attached to and identified with each copy of this form.)

NAME AND ADDRESS OF EMPLOYER	FROM	TO	DUTIES	CAUSE OF LEAVING
See supplementary memorandum				

17. Clubs or Organizations of which applicant is a member. *None.*

18. Previous Service with Navy, Army, Air Force, Permanent or Non-Permanent:—
(If in the Air Force state nature of duties, e.g., Pilot, Observer, Technical or Ground duties and if entitled to wings.)

FULL NAME OF UNIT	FROM	TO	RANK	DUTIES
None				

19. Reason for Termination of last Service Engagement. *N.A.*

20. Details of Ground Officer's Duties Performed. *N.A.*

21. Experience as Teacher or Instructor (Service or Civilian):—

SUBJECT	FROM	TO	UNIT	PLACE
Economics	1939	1940		United College, Winnipeg
Economics	1940	1941		University of Toronto

22. Have you ever been or are you now in receipt of a Disability Pension? *No*

If so, state nature of disability: *N.A.*

Particulars of other Pension: *N.A.*

23. Honours and Awards (Quote authority—London or Canada Gazette) *None.*

24. Service Courses taken:—

TYPE OF COURSE	PLACE	FROM	TO
<i>none</i>			

25. Have you previously applied for a Commission or for enlistment in the Royal Canadian Air Force or any of its auxiliaries? If so, state:—

no

(Unit and Place) (Date) (Result)

26. Have you any knowledge of internal combustion engines, construction of aircraft, mechanics or electricity?

Experience with tractors, automobiles & other gasoline engines, & some knowledge of electricity.

27. Types of Aircraft Flown (Service or Civilian):—

PLACE	LIST FLYING HOURS BY YEARS	REMARKS
<i>none</i>		

28. Total Flying Time *none*.

(Hours) (State Type and No. of Licence held)

29. Sports and games played, and whether extensively, moderately or occasionally.

see supplementary memorandum.

30. Hobbies *none*

31. Languages spoken, or written (State proficiency) *English fluently, French written, not fluently.*

32. Any other remarks or information not included in the foregoing—

none.

33. Names and present addresses of responsible persons (preferably including employer), able to certify from personal knowledge of the candidate's career, as to his suitability for commissioned rank.

Name <i>H. Greenway</i> (in capitals) Address <i>Dominion Bureau of Statistics, Ottawa</i> Profession <i>Statistician</i>	Name <i>Dr. H. A. INNIS</i> (in capitals) Address <i>University of Toronto, Toronto</i> Profession <i>Economist</i>
Name <i>J. A. WALKER</i> (in capitals) Address <i>77 Gedburgh Road, Toronto</i> Profession <i>Bond Dealer</i>	Name <i>Mrs. W. C. GRAHAM</i> (in capitals) Address <i>United College, Winnipeg</i> Profession <i>College Principal</i>

34. NOTE:—

The applicant must be prepared to provide, if required, references from his former headmaster, employer or other person. The Department is not prepared to enter into correspondence, whether officially or unofficially, with persons other than those whom the candidate has nominated; and the Selection Board will disregard recommendations from any persons who are not directly and personally acquainted with the candidate's work, at school, university, in industry or business, in H.M. Forces or otherwise. Applicants are cautioned not to prejudice their candidature by endeavouring to enlist the support of persons inside or outside the Service who they consider might have some influence.

35. CERTIFICATE

The foregoing information was personally compiled by me and is correct to the best of my knowledge and belief. I understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation.

Witness *W.D. Denev* Signature *Hugh C. McFadden*

Date *Nov 14th 1941*

36. AGREEMENT

If selected, I agree to accept a Commission in the Royal Canadian Air Force, Special Reserve (Non-Flying List) (General List).

Witness *W.D. Denev* Signature *Hugh C. McFadden*

Date *Nov 14th 1941*

37.

DECLARATION

I, Hugh Charles McFadden having made an application, dated

() for a Commission on the Special Reserve of the R.C.A.F. do hereby declare, provided my said application is accepted, that I am willing to serve on Active Service, anywhere in Canada, also beyond Canada and Overseas for the duration of the present war, and for the period of demobilization thereafter, should His Majesty so long require my services.

Witness: W. J. H. [Signature]
Date: 14 Nov 41
Place: Ottawa

Signature: Hugh C. McFadden

38. (a) Location of Will.....
(b) Entered in Officer's Records by..... (Rank) (Date) (Place)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full: McFADDEN, HUGH, CHARLES

PART 1. Information obtained from the applicant:—

- 1. Age 28 2. Have you ever suffered from any of the following defects in health?
- (a) Rheumatism No (j) Nasal Trouble No
- (b) Tuberculosis No (k) Ear Disease No
- (c) Bronchitis or Asthma No (l) Eye Disease No
- (d) Heart Disease No (m) Epilepsy No
- (e) Kidney or Bladder Disease No (n) Nervous or Mental Disease No
- (f) Stomach or Bowel Trouble No (o) Syphilis No
- (g) Rupture No (p) Gonorrhoea No
- (h) Varicose Veins No (q) Bone Fracture No
- (i) Flat or Deformed Feet No (r) Other Disease or Defect No

3. Have you ever worn glasses? To read 8 yrs. 4. Have you had any illness of more than one week's duration? Appendectomy - 1941
Hugh C. McFadden
Signature of Applicant.

Examiner's remarks re above: 5. I certify that I have revealed my full medical history and have not withheld any relevant information.

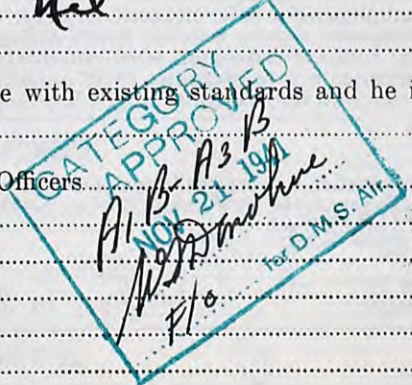
PART 2. Information obtained by Medical Examination (Applicant must be stripped):—

- 1. Identification marks or scars (if operative, obtain history)..... Appendectomy scar.
- 2. Height 5' Feet 9" Inches 3. Weight 150 lbs.
- 4. Complexion DARK 5. Colour of eyes BLUE Hair BROWN
- 6. Development { Good } 7. Chest measurement—full expiration 33 inches
Fair }
Poor } range of expansion 3 inches
- 8. Hearing—Right W.O. 20' Left W.O. 20' Tympana—Right N Left N
- 9. Vision—Without Glasses—Right 20/20 With Glasses—Right.....
Left 20/20 Left.....
Colour Vision N. (Geli)
- 10. Condition of mouth and teeth N. D.C. 2 x P. 8
- 11. Heart and blood vessels N 12. Blood Pressure—S. 135 D. 90
- 13. Reflexes N 14. Urine—Albumen 0 Sugar 0
- 15. Abnormalities (Congenital and Pathological) found on Examination Nil

PART 3. The candidate has been examined in accordance with existing standards and he is considered fit for Category.....

A-1 B
A-2 B

General Impression and any special remarks of Medical Officers: Fit



Date: 14-11-41 19.....
W. J. H. [Signature] (Member)
[Signature] (President)

Memoranda supplementary to The Application of
Hugh C. McFadden.

Paragraph 14: Education.

In my undergraduate work I specialized most heavily in Economics and History, with Mathematics as a full course until the end of third year. My study of Mathematics includes calculus, trigonometry and higher algebra.

In the extra-curricular field I took an active part in student executive work, in the college History and Economics Clubs, and in debating. I was chosen as one member of a two-man team to represent the University of Manitoba against the University of British Columbia at Vancouver in January, 1940.

I held an assistantship in the Economics Department of Wesley College, Manitoba, during the academic year 1939 to 1940, and held a similar appointment at the University of Toronto during the year 1940 to 1941. I was selected to the Mackenzie Fellowship for research in Economics at the University of Toronto for the present academic year, but have resigned the Fellowship in order to take an active part in the war effort.

Paragraph 16: Civil Employment.

1930 to 1940: I worked on my father's farm at Rivers, Manitoba. I left this in order to find work sufficiently remunerative to allow attendance at university.

1934 to 1936: I worked, first as a labourer and later as a gas analyst in the copper smelter of the Hudson Bay Mining and Smelting Company at Flin Flon, Manitoba. I left this work to attend University.

1937: I returned to Flin Flon to work as my previous job as gas analyst during the summer months, and left again in the fall to attend university.

(over)

Paragraph 16 (concluded)

1938: I worked on my father's farm at Rivers, Manitoba, during the summer months.

1939 and 1940: I worked as an underground miner for McWatters' Gold Mines, Ltd., at McWatters, Quebec, during the summer months of these two years. I left in each case to attend University.

1941: During the present summer I worked for a short time with the Dominion Bureau of Statistics as a supervisor in the Housing Section of the Census Department. I left this work to accept a position as a member of the Labour Supply Investigation Committee, which was established pursuant to Order In Council P.C. 14/5484, dated July 22, 1941. In the preparation of the Report on Manpower Resources in Canada, submitted by this committee to the Labour Coordination Committee, my special sphere of investigation entailed a study of the labour reserves in the three Prairie Provinces. In addition to this, I collaborated with other committee members in a survey of the industrial section of Southern Ontario, and in the statistical analysis contained in the report. Since the dissolution of the committee a short time ago, I have not been employed.

Paragraph 29: Sports and Games.

As an undergraduate I represented Wesley College, Winnipeg, as the mile and three mile runner on the track team. I held (and I believe still hold) the college record for the mile. I play badminton, swim, skate, and play tennis moderately.

To be made out in duplicate

M.F.M. 5
50M-8-41 (1292)
H.Q. 1772-39-1651

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..... McFADDEN Hugh Charles.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... R. 147298 AC 2 "S"
NO 2 MANNING DEPOT R. C. A. F.

(3) Unit..... ARENA BUILDING, BRANDON, MAN.

(4) Are you married?..... YES.

(5) If married, state,

(a) Full name of your wife..... Joan Harrison McFadden,

(b) Present postal address of wife..... 143 Canora St., Winnipeg, Manitoba.

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

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

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

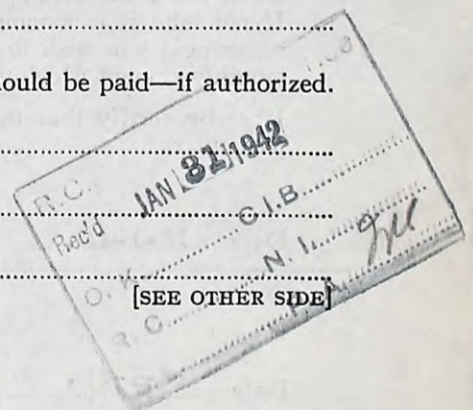
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them.....

NA

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

Name.....

Postal Address..... NA



(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?.....NO....

If so, state her full name and Postal Address.....NA.....

(11) Is your father alive?.....NO.....

If so, state name and address, occupation.....

.....NA.....

(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.....Albertha. McFadden,.....

.....Rivers, Manitoba.....

(15) If your mother is a widow, are you her sole or partial support?.....NO.....

(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?.....NO.....
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

Full Name

Postal Address NB

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

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

If so, in what Company?.....Sun Life Assurance Co. of Canada.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....Yes.....
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.

Albertha C. McFadden
(Signature of officer or man)

Date.....16-1-42.....

F. E. Wood
Officer Commanding.....

Date.....16-1-42.....

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.

Read this whole Form and Instructions on other side before commencing to complete.

WILL

R.C.A.F. R. 60
40M-5-41 (225)
H.Q. 1062-3-45

(1) I, Hugh Charles Mc Fadden of the

City
Town
Village
Township

 of Winnipeg in the County of District of Province of Manitoba Mining (Civil Occupation)

Last Permanent Civilian Address

a member of the Royal Canadian Air Force, Number R 147298 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship
(b) Names and
(c) Address of beneficiaries and
(d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto My wife
Mrs. Joan H Mc Fadden
142 Banora Street
Winnipeg
Manitoba

All my estate

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Joan H. Mc Fadden As Above
(Name) (Address)

to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 16th day of January 1942.

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

Hugh C. M. Fadden
(Signature of Testator)

First Witness sign here.

(5) W H Stewart
(Signature)
RCAF Brandon
(Address)
 Clerk
(Occupation)

Second Witness sign here.

W Penley
(Signature)
RCAF Brandon
(Address)
Clerk
(Occupation)

R.C.A.F. Records Office
Rec'd JAN 20 1942
O. K. G.I.B.
R. C. J.M.W. N.I.
S. L. P.A. W

(Witnesses are not to be beneficiaries.)

[OVER]

DECLARATION

I. *Hugh Charles M Fadden* do
hereby agree to accept a commission in the Royal
Canadian Air Force (Special Reserve) and do hereby
declare that I am willing to serve on Active Service
anywhere in Canada, also beyond Canada and Overseas,
for the duration of the present war and for the period
of demobilization thereafter, should His Majesty so
long require my services. I also understand that His
Majesty may exercise the right at any time to dispense
with the services of an Officer on probation.

Witness..... *A. C. M. S. Revell* Signature..... *Hugh C. M. Fadden*

Date. *25-10-42*.....

Place. *J. C. M. S. Revell. Man*

MY PREFERENCE IS FOR TRAINING AS.....

R.C.A.F. T.81
20M-2-41 (9284)
H.Q. 1062-13-58

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

Air and Ground Training

Surname..... **McFADDEN** Christian Names..... **Hugh Charles**
Number..... **R147298** Rank..... **AC.2**

114632

B

PART I

INITIAL TRAINING

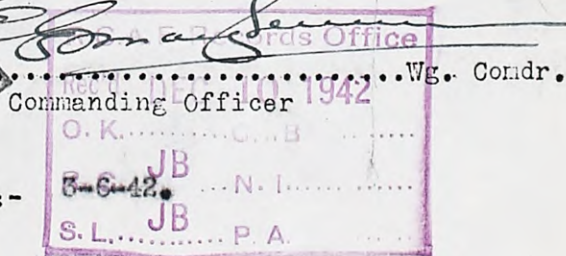
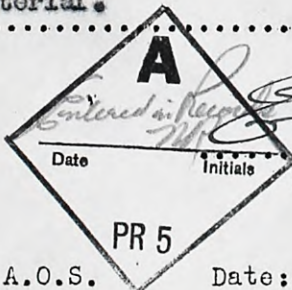
- 1. No.....².....Initial Training School Course No.....**50**.....From.....**23-3-42**.....To.....**25-5-42**.....
- 2. Results of examinations:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	150	136	Aircraft Recognition	100	98
Armament	50	48	Drill	100	80
Signals	150	150	Law and Disc., etc.	100	87
Anti-Gas	50	45	Navigation	200	184
			General Studies	100	90

- 3. Maximum Marks 1000. Marks Obtained.....**918**.....Percentage.....**91.8**.....Pass or Fail.....**P**
Position in Class.....**6**.....No. in Observers Class.....**254**

- 4. Remarks.. Posted to No. 3 A.O.S., Regina, Sask., effective **6-6-42**.
Strongly recommended as a very good observer. He has chosen to be an observer, and as such it is expected he will go a long way. He should be considered as excellent potential instructing material with his background. He is highly recommended as officer material.

ALTERNATIVE: Pilot.



To be passed to No. 3 A.O.S. Date:-

PART II (For Air Navigators)

1. No. 3 Air Observer's School. Course No. 52 From 8-6-42
 To 28-9-42

2. Flying Time

Aircraft	DAY		NIGHT		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd N.		
Avro Anson	36.05	35.00	19.25	17.50	2.05	110.25
.....

3. Examinations and Proficiency

Subject	Marks		Remarks
	Max	Obtained	
Navigation (Air Work)	700	518	Navigation: Very good air work
Photography (Air Work)	100	78	
Elements of Navigation	500	330	
Magnetism and Compasses	100	89	
Instruments	50	43	
Signals (Practical)	100	90	
Signals (Written)	50	45	
Maps and Charts	50	32	
Meteorology	100	59	
Photography	50	43	
Reconnaissance	100	91	General Very fine type with good educational back ground. Recommended for immediate commissioning as air instructor.
Aircraft Recognition	100	75	
Totals.....	2000	1493	

Position in Class	4	Percentage	74.6 %
No. in Class	18	Pass	15
Assessment as Air Navigator	Average		
As Instructor	Suitable	Unsuitable	
Commission Rank	Suitable	Unsuitable	
Character and Leadership	Maximum: 1000	Obtained	853

D. B. Riddell, Jr. Chief Instructor

Awarded Air Navigators
 Badge - 28-9-42.

No. 3 A.O.S. Date. 28-9-42

ROYAL CANADIAN AIR FORCE

714632
SPECIAL RESERV

RECORD OF SERVICE AIRMEN

A.F. No. 9-14729F
Surname McFadden
Christian Names Hugh Charles
Religion United

Born 3.7.13 Place Rivers Country Man, Canada. Citizen of Canada Racial Origin Canadian

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)

Joan Harrison McFadden (wife)
2444 Wallace Street;
Regina

CIVIL EDUCATION

High School Entrance XII Jr. Mat. _____ Sr. Mat. _____

Technical School _____ Business Courses _____

University Manitoba - B.A. Post-Grad. Economics

CIVIL OCCUPATIONS AND EXPERIENCE

1930-1934 Farming
1934-36 - Analyst (Mining)
1936-41 - Mining & Farming

PREVIOUS SERVICE

None

ENLISTMENT

Date	Med. Cat.	DATE	Med. Cat.	DATE
<u>18.12.41</u>	<u>A1B</u>	<u>18/12/41</u>		
At <u>Winnipeg</u>				
Term <u>One Year</u>				

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE TESTS AND COURSES				
						TRADE	GP	%	P or F	DATE
<u>A/C2</u>	<u>Enl</u>	<u>18/12/41</u>	<u>1101 P/O</u>	<u>Enl</u>	<u>18/12/41</u>					
<u>Lab</u>		<u>23/5/42</u>	<u>Q/W Std</u>		<u>23/5/42</u>					
<u>1/Sgt.</u>	<u>PR0128</u>	<u>28/9/42</u>	<u>1st Man in 1st</u>	<u>PR0128</u>	<u>28/9/42</u>					

LEAVE

FROM	To	AUTH. AND DESCRIPTION
<u>19.12.41</u>	<u>14.1.42</u>	<u>Leave without pay</u>
<u>0800 24-5-42</u>	<u>0800 7-6-42</u>	<u>PR0128</u>
		<u>Spec. leave</u>
<u>4-10-42</u>	<u>18-10-42</u>	<u>Spec. Leave</u>
<u>5-11-42</u>		<u>PR0128</u>

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
			<u>Awarded Air</u>	<u>28-9-42</u>
			<u>Man. Badge</u>	<u>PR0128</u>

BV

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
Encl T.O.S. DRD # 156/41	Rec Centre Winnipeg	Rec Centre Wpg	18-12-41				
Sgt DRD # 7/42	Rec Centre Wpg	Regimental #100	18-12-41				
DRD # 24	Regimental #100	Regimental #100	14-1-42				
DRD # 35	Regimental #100	Regimental #100	DRD # 20				
DRD # 28	Regimental #100	Regimental #100	28-3-42				
	Regimental #100	Regimental #100	6-6-42				
	Regimental #100	Regimental #100	17-10-42				

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY
PARTICULARS OF SERVICE

<u>NUMBER</u>	<u>FINAL PAID RANK</u>	<u>GROUP</u>	<u>CHRISTIAN NAMES</u>	<u>SURNAME</u>
J.14632	T/F.O ✓	211 ✓	MR HUGH CHARLES	MC FADDEN

Reason for termination of service: KILLED 2-4-44 ✓
A510 2-4-44

TOTAL SERVICE:

T.O.S.: <u>18-12-41</u>	S.O.S.: <u>2-4-44</u> ✓	<u>837</u> days	
T.O.S.: _____	S.O.S.: _____	_____ days	<u>837</u> ✓
			TOTAL days

LESS NON-QUALIFYING SERVICE:

From: <u>19-12-41</u> ✓	To: <u>14-1-42</u> ✓	<u>26</u> days	
From: _____	To: _____	_____ days	
From: _____	To: _____	_____ days	<u>26</u> ✓
			TOTAL QUALIFYING SERVICE <u>811</u> days

OVERSEAS SERVICE

From: <u>18-11-43</u>	To: <u>2-4-44</u>	<u>137</u> days
From: _____	To: _____	_____ days
From: _____	To: _____	_____ days
		<u>137</u> days

LESS NON-QUALIFYING SERVICE

From: _____	To: _____	_____ days
From: _____	To: _____	_____ days
From: _____	To: _____	_____ days
		_____ days

QUALIFYING OVERSEAS SERVICE 137 days ✓

No A 28 B

Computers Initials	<i>mc</i>
Checkers Initials	<i>MD</i>
Date	<u>27-9-44</u>

(T.K. McDougall)
Group Captain
R.C.A.F. Records Officer

Navy
 Army
 Air Force

(Mark X opposite Force in which you last served.)

24 No A280 L.P.C.
DEPARTMENT OF NATIONAL DEFENCE

DEC 11 1944
M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

3430 / 514632
Application for War Service Gratuity
(Canadian Armed Forces)
RC&F
No A280 on file

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service McFadden - HUGH CHARLES - DECEASED
(Print)

2. Christian Names HUGH CHARLES
(Print)

3. Service No. J 14632 4. Paid rank or rating at date of termination of Service F. O.

5. Address, in full, to which payments of gratuity are to be forwarded to widow and sole dependant Mrs Joan H McFadden 15 Montreal Road - Ottawa - at time of death I was in receipt of D.A.P. -

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Air Force</u>	<u>J 14632</u>	<u>F. O.</u>	<u>Dec 1941</u>	<u>April 2 - 1944</u>
<u>Killed on active service Scotland -</u>				

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... If so, state the Force or Forces, with dates of commencement and termination of service. N.A.
C 47

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

October 31 - 1944
(Date)

Joan H McFadden
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

on behalf of my late husband Hugh C McFadden

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

B,
NOV 2 1944

FORM 5

PROVINCE OF MANITOBA
OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality... OVERSEAS (SCOTLAND) Sec. Twp. Rge.
(Name)
If in City, Town or Village... Street House No.
(Name) (If in hospital or Institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days)

3. PRINT FULL NAME OF DECEASED MCFADDEN HUGH CHARLES
(Surname) (Given name or names in usual order)
RESIDENCE Rivers, Manitoba.
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male	5. NATIONALITY (Citizenship) Canadian	6. RACIAL ORIGIN Irish	7. Single, Married, Widowed or Divorced (Write the word) Married	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) Manitoba
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9. DATE OF BIRTH Month July (Write the word)	Day 3rd	Year 1913	10. AGE IN Years 30	Months	Days	If less than one day hrs. or min.
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OCCUPATION
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Air Navigator
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. R.C.A.F.
13. Date deceased last worked at this occupation April 2nd 1944
14. Total years spent in this occupation Two

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased Mayhood, Joan Harrison

PARENTS
16. Name of father McFadden, James
17. Birthplace of father Ireland
18. Maiden name of mother Evans, Albertha Louisa (same as item No. 8)
19. Birthplace of mother Ontario (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant D. E. Edmunds, Jr. For (R.C.A.F. Records Officer)
Address

21. Relationship to deceased
22. Place of burial, cremation or removal Date of burial 19

23. Burial Permit was issued by Address
24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 2nd April 19 44
(Hour) (Day) (Month) (Year)

26. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw him alive on 19

CAUSE OF DEATH
I Killed in flying accident
Immediate cause (a) due to
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to
Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (c)

27. If a woman, was the death associated with pregnancy? 19

28. Was there a surgical operation? Date of operation 19
State findings Was there an autopsy?

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? Accident April 2nd 19 44
(State which)
Manner of injury Killed in flying accident
(How sustained)

Nature of injury public place
Specify whether injury occurred in industry, in home, or in public place

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by M.D.
Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. (See reverse side for instructions.)

University of Toronto

DEPARTMENT OF POLITICAL ECONOMY
273 BLOOR STREET WEST
TORONTO, CANADA

November 6, 1941

To whom it may concern :

I am writing in support of an application by Mr. H.C. McFadden for a commission as Navigation Instructor in the R.C.A.F.

He came to us with a distinguished record and the highest recommendation from the Department of Economics in the University of Manitoba. On the strength of these recommendations he was appointed as an assistant in this department. After a year's work we were so impressed by his ability that we awarded him the MacKenzie Fellowship. He is a conscientious able student, has a wide knowledge of non-academic as well as academic activities, and altogether a record which warrants commendation in the highest terms.

I am very glad to recommend him.

Yours very truly,

Harold A. Jones

HAI:M

Head of the Department

UNITED COLLEGE
WINNIPEG
MANITOBA

Office of The Principal

November 10, 1941.

The Royal Canadian Air Force,
Ottawa Division,
Ottawa, Canada.

Dear Sirs:

This is to certify that Mr. Hugh C. McFadden, a student of this college is a holder of a B. A. degree with honors in Economics of the University of Manitoba.

During the session 1939-1940, he served most acceptably as assistant in the Department of Economics in United College under the chairmanship of Professor H. D. Woods. Mr. McFadden was notable for his steady industry, his disposition to carry any task through to completion, his good sound and careful scholarship, his co-operative attitude towards his colleagues and associates and his beneficial influence on the life of the student body in particular.

After leaving here, he went to Toronto to pursue graduate studies in the Department of Economics under Professor Innis and Professor Bladen and others. I have reason to know from conversations with Professor Bladen only last summer that he made a favorable impression at Toronto. I am completely confident that should Mr. McFadden succeed in securing the commission for which he is applying, the R.C.A.F. will find in him a very valuable member of its personnel.

I may say that it is personally a great pleasure to me to give this testimony on his behalf.

Sincerely yours,

W. H. Shahan
Principal.

R.C.A.F. Records Office	
Rec'd. DEC 23 1941	
O. K.	C. I. B.
R. C.	N. I.
S. L.	P. A.

Education

AIR FORCE No. ~~R147233~~

MC FADDEN, HUGH CHARLES

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

PLACE *Winnipeg, Man.*

DATE *18.12.42*

C.R. FILE NUMBER

5

J.14632

S.S.

OFFICER

RECORD OF SERVICE AIRMEN

Comm No. 9-42

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

7. BIRTH: DATE *3.7.13* PLACE *Roset, Man.* CITIZENSHIP *British*

FATHER (FULL NAME) *James Mc Fadden*
(deceased)

BIRTHPLACE *Ireland*

MOTHER (FULL MAIDEN NAME) *Alberta Louisa Evans*

BIRTHPLACE *London, Ont.*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *Man.*

JUNIOR MATRICULATION *Man.*

SENIOR MATRICULATION *Man.*

TECHNICAL SCHOOL

UNIVERSITY of *Man.* 4 yrs. Honours B.A. Degree. *Economics*

CORRESPONDENCE COURSES *9*

Univ. of Toronto. 1940-41 Postgrad. work in Economics.

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

Farming summer 1938. Lachy Wood Man.

mining " 1939/40. McWilliam Wood Man.

gov't. " 1941. D.B.S.

labourer, gasworks 2 yrs H.B. Mining " Sault Ste. Marie.

gas engine " 1937. 2040

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

0

11. HONOURS-AWARDS, MENTIONS

AUTHORITY	DATE
<i>Air Flying Badge</i>	<i>3 AOS/125A 28-9-42</i>
<i>C.V.S. M. & Ribbon</i>	<i>H 19 15-1-44</i>

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO - DUAL - PASSENGER

13. RELIGION *United*

14. LANGUAGES *English*

15. SPORTS *Track Tennis, Badminton*

Swimming

Hobby - reading

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED *Married*

WIFE (FULL MAIDEN NAME) *Joan Harrison Mayhew*

PLACE OF MARRIAGE *Winnipeg, Man.* DATE *28.11.41*

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: *Joan Harrison McFadden* RELATIONSHIP *wife*

ADDRESS: *115 Mt. Road, Sault Ste. Marie, Ont.* D.R.O. *#268*

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
<i>Ent. to + rec. 1 day pay + 1 day subs allow.</i>	<i>18.12.41</i>	<i>Wpg. 156</i>			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
<i>Duration</i>	<i>18.12.41</i>				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
<i>O campy Park gtr</i>		<i>16-1-42</i>	<i>2778 20</i>
<i>1st Lt WNoC</i>	<i>141038</i>	<i>15-12-42</i>	<i>1220311</i>

22(A) ADDRESS PRIOR TO ENLISTMENT

Roset, Man.

60803

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN.CARD
<i>20-1-42</i>	<i>MAR 18 1942</i>	<i>16-1-42</i>			
	<i>23-1-42</i>				

Date and Place of Signing R40- *29.10.42* *1228*

22(A) ADDRESS PRIOR TO ENLISTMENT

Roset, Man.

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN.CARD

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN.CARD

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN.CARD

AIR FORCE No. J 14632

M'FADDEN SURNAME

Hugh Charles FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT PLACE Rivers, Man. DATE 2-9-42

RELIGION United

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

R.C.A.F. FORM R230 150M-7-42 (2446) H.Q. 685-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY			
3-7-13	RIVERS, MAN.	CANADA	CANADIAN	IRISH	SINGLE, MARRIED, WIDOWER, DIVORCED Married			

CIVIL EDUCATION	
PUBLIC SCHOOL <input checked="" type="checkbox"/>	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE <input checked="" type="checkbox"/>	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY <i>United College of Man. & St. of Toronto & Univ. M.A.</i>
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

WIFE (FULL MAIDEN NAME) OR HUSBAND <i>Juan Harrison M'Fadden</i>	
PRESENT ADDRESS (IN PENCIL) <i>15 Montreal Rd. Ottawa</i>	
PLACE OF MARRIAGE <i>Winnipeg, Man.</i>	DATE <i>28/11/41</i>
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	

CIVIL OCCUPATIONS AND EXPERIENCE	
<i>P.J. M'Fadden Rivers, Man.</i>	<i>Dept. of Labour, Labour Supply</i>
<i>Hudson Bay Mining & Smelting Co.</i>	<i>Investigation Committee, Ottawa</i>
<i>7 Lion Film, Man.</i>	
<i>M. Walters & Gold Mines M. Walters P.Q.</i>	
<i>Bureau of Statistics Ottawa,</i>	

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

PREVIOUS SERVICE			

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)	
<i>Juan Harrison M'Fadden (Wife)</i>	
<i>15 Montreal Rd. Ottawa</i>	

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>#3201. Regina, Sask.</i>	<i>41B A3B</i>		

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN					
TYPE	FROM		TO		TYPE
	MONTHS	DAYS	MONTHS	DAYS	

OFFICERS			
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
<i>P.O. S.R. G.L. Nav.</i>	<i>28 9 42</i>		
<i>S/O temp. SR. Ch. NAV</i>	<i>28 3 43</i>	<i>NRD140</i>	

AIRMEN AND AIRWOMEN					
RANK	DATE	AUTH.	TRADE	DATE	AUTH.

OFFICERS, AIRMEN/AIRWOMEN				
COURSE OR TRADE	GRP.	%	PF	DATE

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

AIR FORCE No.

114632

M^cFadden
SURNAME

Hugh Charles
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE RIVERS, MAN.
DATE 28-9-42

RELIGION

United
R.C.A.F. FORM R230

TYPE OF LEAVE					TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT	POSTINGS, ATTACHMENTS & TEMPORARY DUTY				ALL OTHER CASUALTIES			
FROM	TO	No. DAYS	DESCRIPTION	AUTH.	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY
19-3-42	31-3-43	14	Annual Leave	DR0143		SOS		^{3 SOS} Rivers	10	42	DR0128	Auth to draw	1-3-43
Issued 2.9.42	31-4-42	1038	1/15-12-42	DR0311		SOS		No. 101 RCAF Str.	27	43	DR0258	Subsistence allowance	
21-6-43	4-7-43	14	annual	DR0135/43				Rivers Rockcliffe				Cases to draw	
Issued 5.6.43	31-7-43	14	annual	DR046		T.O.S.		#1 CNS Rockcliffe	27	43	258/43	Subs. Allowance	
						T.O.S.		HQTS #168 HTS	19	43	275/43	off. 1-7-43.	DR0159
						TD(AIR)		Rock EDMONTON.	13	43	276/43	Auth to draw ration	
								EDMONTON-1 Rock	15	43		allowance of 50 per diem	
						TD(AIR)		Rock EDMONTON.	22	43	285/43	under Act 196 (a) F.R.F.F.	
								EDMONTON. Rock	25	43		off. 30/8/43.	DR0205
						TD(AIR)		#168 SQN U.K.	21	44	63/44	Amended DR0211/43	
						TD(AIR)		U.K. #168 SQN	11	44	63/44	Auth to draw ration all off.	DR0211/43
						TD(AIR)		168 HTS. ROCKCLIFFE	25	44	76/44	Cases to draw ration all off.	DR0226
						S.O.S.		#168 Sq. Killed at Presnwick	2	44	DR081/44	Auth to draw subs all off.	DR0226
												Subs allow. 30-10-43	261/43
												Subs Allow - ceased	
												DR09 draw ration 2/5/44	55/44
												CASES " " " 14-3-44	
												RAW SOS Allow 15-3-44	65/44
HONOURS, AWARDS AND MENTIONS					CHARACTER AND TRADE ASSESSMENT								
DATE	AWARD	AUTHORITY			DATE	CHARACTER	TRADE ASSESSMENT						
15/1/44	Can. Vol. Medal	DR0#19 24/1/44											

