

Mrs. Isabel B. Kemp (sister)

Burlington,
Ont.

Jan. - 46.

8276-17-3-50

MEMORIAL BAR
DATE DESP
REGN. NO. 3993



R E G I S T E R E D OTTAWA, Canada, 16th June, 1947.

Mr. William L. Smith,
Burlington, Ont.

Dear Mr. Smith:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son, Flight Sergeant C.H. Smith.

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

Yours very sincerely,

(W.A. Dicks)
Wing Commander

for Chief of the Air Staff

F/O R.J. Rocheleau/LD

ROYAL CANADIAN AIR FORCE
(ATTESTATION PAPER)

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

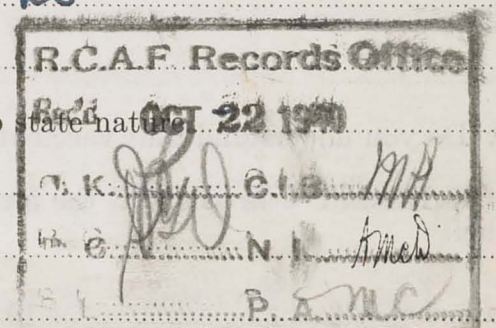
1. Surname Smith FULL Christian Names Colin Homer
 2. Present Address Box 575 Burlington Ont. Telephone 325 W.
 3. Permanent Address Burlington Ontario
 4. Place of Birth Burlington, Ontario Citizenship Canadian
 5. Date of Birth Jan. 17, 1918 Married, Single, Widower, Separated, Divorced Single
 6. Particulars of Children

Name	Date of birth	Name	Date of birth
NOT APPLICABLE			

7. Occupation Fruit Grower 8. Religion Anglican
State denomination
 9. Languages Read and write some French, English
State proficiency
 10. Next of Kin (Full Name) William Lawrence Smith Relationship Sister's father
 " Address Burlington, Ont.
 11. Father (Full Name) William Lawrence Smith Birthplace Oakville Ontario
 " Address Burlington Ont. Citizenship Canadian
 " Occupation Fruit Grower
 12. Mother (Full Maiden Name) Bertricia Homer Birthplace London Ont.
 " Address Burlington, Ont. Citizenship Canadian
 13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
NOT APPLICABLE						

14. Honours, Awards, Mentions None
 15. Are you now on any Naval, Military or Air Force Reserve? no
 16. Have you previously made application to join the R.C.A.F.? no If so, where? -
 When? - Result -
 17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? no
 If so, state nature of disability -
 18. Have you ever been or are you now in receipt of a Disability Pension? no
 If so, state nature of Disability -
 19. Have you ever been convicted of an indictable offence? no If so state nature -
 20. Are you in debt? no If so, state particulars -



1. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Starchesna Public	26	30	Regular Course
High School—Collegiate Institute, etc.....	Burlington High	'30	'35	Senior matriculation
Technical School.....	Burlington Ont.			
University or School other than above.....	Ontario Agricultural College	'36	'40	B.S.A.
Correspondence Courses, etc.....	Geology Ont.			

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
W. L. Smith. Burlington Ont.	Fruit Growing	'18	'40	Still employed

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

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

25. Sports engaged in. State: extensively, moderately, occasionally. Extensively - Track
College Champion 3 years Hockey - Junior & Intermediate O.A.A.
Junior and Senior Lacrosse.

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

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

Name	Address	Occupation
J. M. Bates	Burlington Ont.	Principal B.H.S.
Rev. G. W. Selbs	Burlington Ont.	Minister

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

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

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

Date June 19 19 40 Signature P. H. Smith

Certificate of Registration of Birth

(NOT TO BE ACCEPTED AS PRIMA FACIE EVIDENCE IN A COURT OF LAW)

I hereby certify that the particulars of the following birth have been registered in accordance with Chap. 78, 17 Geo. V., 1927, Section 21, and are not included in any return made by me to the Registrar-General, beyond the three months next preceding the date of the issue of this certificate. This certificate is issued under section 16 of the same chapter.

Name Robin Homer Smith

Date of Birth Jan. 17th 1918 Sex Male

Where Born Nelson Township

(Street and No. or Concession and Lot. If an institution give its name)

Full Name of Father William Laurie Smith

Maiden Name of Mother Beatrice Homer

Date of Return Jan'y 23rd 1918

June 20 1940

Division of Nelson

County of Hallon

J. A. Pettit
(Division Registrar)

Freeman Ant.
(Address)



BURLINGTON
ONTARIO

June 21, 1940.

Royal Canadian Air Force,
HAMILTON, Ontario.

Dear Sir:

It gives me much pleasure to refer to the scholastic ability and character of Homer Smith.

Homer entered Burlington High School in September, 1931, direct from High School Entrance Examinations. He graduated in June 1936, with full Junior Matriculation, and Senior Matriculation in several papers. During his secondary school education he was an able student and an outstanding athlete. He won many competitive cups and medals. He was a member of the cadet corps for five years, serving as officer for part of the time. He held several executive positions and was very popular with both the staff and student body.

In September 1936, he entered the O. A. College and graduated this summer. His college days were marked with even greater success than in secondary school. In his freshman year, for instance, he won the Track individual championship of the College. Throughout the four years he won many premier awards and rose to the presidency of the athletic society.

Homer is a young man with a great deal of personality. He is keen and a worker. He comes from a very fine family and is himself of high moral worth in every way.

Homer wishes to enlist in the Air Force. I would say that he has excellent qualifications.

Yours sincerely,

Jas Mac J. Bates
Principal.

JMB/M

R.C. Records Office	
Rec'd	OCT 22 1940
U. K.	C.I.B.
R. C.
S. L.	P. A.

Municipality of Nelson

Freeman Ont.
June 25/1940

CLERK & TREASURER

J. A. PETTIT
Freeman
Phone Burlington 22

R. C. A. F.

To whom it may concern.

REEVE

LESLIE KERNS
Freeman
Phone Burlington 14 J 4

DEPUTY REEVE

Wm. J. ROBERTSON
RR No. 2 Milton
Phone 266 r 33

COUNCILLORS

COLIN SMITH
RR No. 2 Freeman
Phone Burlington 325 J

ELMER C. FOSTER
RR No. 3 Campbellville
Phone Burlington 152 J 12

MARY S. PETTIT
RR No. 2 Freeman
Phone Burlington 312 J 2

RELIEF OFFICER

HELEN B. WOOD
RR No. 1 Freeman
Phone Burlington 17 W 3

ROAD SUPERINTENDENT

J. B. BRECKON
RR No. 2 Freeman
Phone Burlington 10 J 3

This is to certify that I have known Homer Smith, all his life, in fact I remember quite well when he was born. Coming from a good home where the foundation laid for him was sound. he has passed through his school years with a great deal of credit to himself. Being keenly interested in sports he has played a leading roll all through his school career and it has developed in him a character which should prove to be a valuable asset now that he is standing at the gate of manhood, facing a world full of trouble. He has been one of our interesting boys and I look forward to the time when he will be one of our leading men.

J. A. Pettit

R.C.A.F. Records Office	
Date	OCT 22 1940
O. K.	C. I. B.
S. L.	P. A. mc

FOR OFFICIAL USE ONLY

(A) Report of Interviewing Officer—

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

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

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

(B) Report of Trade Test—

Trade in which tested.....

Result.....

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

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

(C) DECLARATION MADE BY MAN ON ATTESTATION

I, Colin Homer SMITH do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date 14-10- 19 40 [Signature] Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date 14-10- 19 40 [Signature] 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 Hamilton, Ontario this 14th day of October 19 40.

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

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 22 2. Have you ever suffered from any of the following defects in health?

- (a) Rheumatism..... no
- (b) Tuberculosis..... no
- (c) Bronchitis or Asthma..... no
- (d) Heart Disease..... no
- (e) Kidney or Bladder Disease..... no
- (f) Gastro-intestinal..... no
- (g) Rupture..... no
- (h) Varicose Veins..... no
- (i) Flat or Deformed Feet..... no
- (j) Nasal Trouble..... yes
- (k) Ear Disease..... no
- (l) Eye Disease..... no
- (m) Epilepsy..... no
- (n) Nervous or Mental Disease..... no
- (o) Syphilis..... no
- (p) Gonorrhoea..... no
- (q) Bone Fracture..... fractured right wrist age 4
- (r) Other Disease or Defect..... none

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

C. H. Smith
Signature of Applicant

Examiner's Remarks re above..... (j) fractured nose age 19.

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

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

scar 1 1/2" lower 1/3 right thigh. Segmented
birth mark 1" left crest of ilium

2. Height..... 5 feet..... 7 inches. 3. Weight..... 144 pounds.

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

6. Development { Good Fair Poor } 7. Chest Measurement—Full expiration..... 33 inches

Range of expansion..... 2 1/2 inches

8. Hearing—Right..... WV 20 Left..... WV 20 Tympana—Right..... N Left..... N

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

Left..... 20/15 Left.....

10. Condition of mouth and teeth..... dentis factory

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

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

BP 130/84
X-Ray - neg

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category

A

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

X-ray chest. Neg. etc.

Date..... 26. 9. 40 19.....

M. Warren
President
M. O. C. A. M. C.

W. S. Metzler
Member
Lt. Reame

Member

R.C.A.F. Special Reserve

Interview Report

~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~

Air Crew

X

Pilot

~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~

SURNAME

CHRISTIAN NAMES IN FULL

Age 22

SMITH, Colin Homer

Height 5' 7"

Weight 147

ACADEMIC STANDING:

Married or Single Single

No. of Children None

All Junior Matriculation

Five subjects of Senior Matriculation

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

Dual two hours

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

Cadets-5 years

Home Guard-3 months

SPORTS:

EXTENSIVELY: Track, hockey, lacrosse
MODERATELY: rugby, basketball, gym,
OCCASIONALLY: tennis, golf, swimming

HOBBIES:

Nil

APPEARANCE: HEALTHY - ~~XXXXXXXXXXXX~~
MEDIUM - ~~XXXXXX~~
~~XXXXXXXXXXXX~~ ORDINARY - ~~XXXXXX~~
CLEAN - ~~XXXXXXXXXXXX~~

DRESS: ~~XXXXXXXXXXXX~~ TASTEFUL - ~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~
NEAT - ~~XXXXXXXXXXXX~~

INTELLIGENCE: ~~XXXXXX~~ - DELIBERATE - ~~XXXXXX~~
ORGANIZED - ACCURATE - ~~XXXXXXXXXXXX~~

PERSONALITY: ~~XXXXXXXXXXXX~~ - CONFIDENT -
~~XXXXXXXXXXXX~~ - MATURE -
~~XXXXXXXXXXXX~~ PLEASANT -
~~XXXXXXXXXXXX~~

SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F. YES Yes ~~XX~~

FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK. ~~XXXX~~ NO No

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para.1(b)

Satisfactory

SUMMARY OF ALL OF THE ABOVE:

Clean athletic type. Courteous.
Should be very good pilot.
Recommended

R.C.A.F. Records Office
Rec'd OCT 22 1940
O. K. ~~XXXXXX~~ C.I.B. ~~XXXXXX~~
R. C. ~~XXXXXX~~ N. I. ~~XXXXXX~~
S. L. ~~XXXXXX~~ P. ~~XXXXXX~~

~~XXXXXXXXXXXX~~
ABOVE AVERAGE
~~XXXXXX~~
~~XXXXXXXXXXXX~~
(Strike out words not applicable)

RECOMMENDED FOR:

PILOT

DATE: 26-9-40

RECRUITING CENTRE: Hamilton, Ont.

SIGNATURE OF OFFICER:

A.F.M.5

H. E. Fleming 7/0

ROYAL AIR FORCE.

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

Official No. CAN/R 75630 Name SMITH, COLIN HOMER Rank T/Sgt. T/F/Sgt.
 (In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 17.1.18 Religion C of E Occupation in Civil Life Fruit Grower

Last Enlisted 14.10.40 Current Engagement D.O.W.

If a member of the Auxiliary Air Force.....

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

Name, address and relationship of legal next of kin (to be entered in pencil):

M^{rs} W. L. Smith, Bushington, Ont. Mother

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).

(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

NOK

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

SECTION 1.—MOVEMENTS AND CASUALTIES.

SECTION 2.—
 PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID),
 REDUCTIONS, REMUSTERINGS.

Unit FROM which.	Unit TO which.	Date of Effect.	*Authority.	Description.	Date of Effect.
<u>2 SFTS.</u>	<u>17 D.</u>	<u>9.9.41</u>		<u>Enlisted AC2, A crew Sgt</u>	<u>14.10.40</u>
<u>Wplands</u>	<u>Halifax</u>	<u>23.8.41</u>		<u>Reclass LAC.</u>	<u>16.3.41</u>
<u>Wplands</u>	<u>RAF. TP.</u>	<u>24.8.41</u>		<u>Prom T/Sgt, Pilot-sp.</u>	<u>8.8.41</u>
<u>Halifax</u>	<u>Emb.</u>	<u>2.9.41</u>		<u>Promoted Temp. Flight Sgt</u>	<u>1.3.42.</u>
	<u>Canada</u>				
	<u>3 P.R.C.</u>	<u>2.9.41</u>	<u>P.O.R. 19/42</u>		
3 P.R.C.	59 O.T.U.	8.9.41			
<u>3 P.R.C.</u>	<u>59 O.T.U.</u>	<u>8-9-41</u>			
<u>59 O.T.U.</u>	<u>3 Squadron</u>	<u>2.11.41</u>			
<u>Missing from air operations on 4th June 1942.</u>		<u>7.6.42.</u>			

SECTION 3.—GOOD CONDUCT BADGES.

*Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

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

SERVICE FLYING TRAINING

1. No. 2 S.F.T.S. Course No: 29 From: 28-5-41 To: -8-41

FLYING TRAINING

AIRCRAFT	S.E. Aircraft				T.E. Aircraft				Instru- ment	Link Trainer	Pass- enger
	Day		Night		Day		Night				
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo			
Harvard	41.25	40.40	2.50	7.10					21.15		
TOTAL	41.25	40.40	2.50	7.10					21.15	20.00	
Brought Forward from E.F.T.S...	41.15	28.15							10.05	10.00	
GRAND TOTALS	82.40	68.55	2.50	7.10					31.20	30.00	

3. Qualities as a Pilot, 750. Marks Obtained.....527.....

4. Remarks on Flying Progress, Navigation, and points which require consideration
 Progressed slowly at first. Is rough on controls, Not very observant.

John Wilton - S1
 Squadron Commander
 Date 7-8-41

GROUND TRAINING

SUBJECT	Maximum Marks	Marks Obtained	SUBJECT	Maximum Marks	Marks Obtained
Airmanship & Maintenance.....	200	166	Navigation & Meteorology.....	200	123
Armament (W).....	100	75	Signals (W).....	100	74
Armament (P).....	100	62	Signals (P).....	50	47
			TOTAL.....	750	547

6. Remarks of C.G.I. Agricultural College degree. Average student.

G. E. Wilson C.I.
 Chief Ground Instructor
 Date 6-8-41

ARMAMENT (AIR EXERCISES) (T.E. SCHOOLS ONLY)

7.

Subject	Maximum Marks	Marks Obtained
Wind Speed and Direction Finding	100	
Straight Runs over as Pilot....	100	
TOTAL	200	

PART III (Continued)

8. Qualities of Character and Leadership: (Marks Possible) 750: Marks Obtained..... 469
9. Final Assessment: (S.E. and T.E. Schools):-

	Maximum Marks	Marks Obtained
S.E. Schools.....	2250	<u>1543</u>
T.E. Schools.....	2350	_____

10. Percentage 68.6 Passed or Failed Pass Position in Class 56 Number in Class 58

11. Qualities as an Operational Pilot (Ex. Above Av., Av., Below Av., Poor) _____
 (a) Formation Flying Av. (b) Navigation Ability Av.
 (c) Night Flying Av. (d) Determ. and Initiative Av.
 (e) Instrument Flying Av.
 (f) Ability to Maintain Speed, Course & Height (T.E.) N.A.
 Recommended for: (Type of Service Squadron): Fighter

Type of A/C (T.W. or S.E.) S.E. Recommended for Flying Instructor No.

NOTE: Paras. 11(a) (b) (c) (d) (e) (f) to be assessed Ex., A.Av., Av., B.Av., Poor.....

12. General Remarks on Training Ability, Etc: Poor personality. Not careful enough with his appearance. Very quiet.

Certified that pupil pilot has passed all tests required for Pilot's Badge, as laid down by C.A.P. 100, Section 7, (Yes or No): Yes

W. R. ... W/C
 Chief Instructor

13. Awarded Pilot's Flying Badge: Date: 7-8-41

14. Recommended for Commissioned Rank No. Assessment _____
 (Yes or No) (Ex., Above Av., Av.)

15. Remarks of Commanding Officer above

W. R. ... Group Captain.
 Commanding Officer,
 No. 2 S.F.T.S., Uplands, Ottawa, Ont.
 Date: 7-8-41

16. Accidents (C.A.P. 100, Sec. 4)
 This pupil has been involved in the following flying accidents during his training:

E.F.T.S. S.F.T.S.	Type of Accident Para. 27	Assessment of Blame - Para. 25	Previous Communications	Signature of Chief Supervisory Officer or Chief Instructor (as applicable)

1

J. A. T. P. CANADA R.C.A.F. T-58 329/1

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname.....Smith.....Christian Names.....C H.....
Number.....R75630.....Rank.....AC2.....

INSTRUCTIONS

1. The report is to be forwarded so as to arrive on or before the reporting date of the pupil as follows:--

ORIGINAL AND DUPLICATE

From Initial Training School to Elementary Flying Training School.
From Elementary Flying Training School to Service Flying Training School.

DUPLICATE

To be available on demand by the Training Command concerned.

2. On completion of Service Flying Training, the duplicate is to be forwarded to Air Force Headquarters through Command Headquarters and the original placed on the pupil's personal file.

3. In the event of discontinuance of training at any stage: one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil pilot will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each subject, each stage.

PART I

INITIAL TRAINING

1. No.1... I.T.S. Course No:18... From....Feb 10...To....March 14/41..

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	50	Hygiene & Sanitation	40	29
Armament (P.&O.)....	100	89	Drill.....	100	80
Signals.....	100	97	Law and Disc., etc..	60	60
					405

3. Maximum Marks 500. Marks Obtained.....405 Percentage.....81

Passed or Failed.....P.....Position in Class.....No. in Pilot's Class.....

4. Remarks.....Conscientious, hard-working airman, with the spirit and determination to get there. Service experience will round this trainee out.

Second aircrew recommendation: Wireless Air Gunner.

[Signature] 8/5/41
Wg. Comdr.
Commanding Officer

No.....1... I.T.S.....

Date.....2/4/41.....

To be passed to No.10... E.F.T.S.

PART II

ELEMENTARY TRAINING

1. No. **10** E.F.T.S. Course No. **24** From. **26-3-41** To. **16-5-41**

2. Flying Time:-- FLYING TRAINING

Aircraft	Total Dual (Excluding Solo Dual)	Total Solo	Instrument Flying	Passenger	Total	Link Trainer
Finch II	41:15	28:15	10:05		69:30	10:00

3. Results of Flying Tests:--20 hour. **65** ...% Final Test. **68** ...% Instr. Fly. **59** ...%

4. Ability as a Pilot. **Average** Pass or Fail. **Pass**

5. Recommended for training on T.E. or S.E. Aircraft. **Twin Engine**

6. Remarks on Flying Progress and points which require special consideration.
 **Average pilot with more experience should do well.**

R. Lunn
 Chief Flying Instructor

Date. **16-5-41**

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	164	Th. of Flight.....	100	74
Airframes.....	100	75	Air Nav.....	200	151
Aero Engines.....	100	92	Arm. (Oral).....	200	153
Signals (Prac.).....	100	80	Quals. as an (Officer (N.C.O.)	200	168

Maximum Marks 1200. Marks Obtained. **957** Percentage. **79.8**

Pass or Fail. **Pass** Position in Class. **2** No. in Class. **29**

8. Commissioned Rank (appears suitable or unsuitable)..... **Suitable**

9. General Remarks (Ability, Conduct, etc.)..... **Good average student who has done well, Nice personality and well disciplined. Good officer material.**

.... **Very satisfactory.**

John A. Barra
 Chief Ground Instructor

Date. **16-5-41**

A. Pleasance F/Lt.
 Chief Supervisory Officer

No. **10** E.F.T.S. Mt. Hope. Ont.

To be passed to No. **2** S.F.T.S.

Date. **16-5-41**

Uplands, Ottawa.

**REPORT ON THE FLYING AND GROUND TRAINING
OF PILOTS**

SURNAME SMITH. **CHRISTIAN NAMES** COLIN HOMER.
NUMBER R. 75630 **RANK** SGT.

AT

No. 59 OPERATIONAL TRAINING UNIT

ARRIVED ON 8.9.41. **LEFT** 21.10.41. **COURSE No.** 8

FLYING TIMES

Type of Aircraft	Day				Night				Instrument Flying	Formation Flying	Link Trainer
	Dual	2nd Pilot	Solo	Crew Training	Dual	2nd Pilot	Solo	Crew Training			
Previous Flying	82.40		68.55		2.50		7.10		21.15		30.00
At O.T.U.	1.30		31.25				10.35		3.20	15.55	13.05
Total	84.10		100.20		2.50		17.45		24.35	15.55	43.05

GROUND EXAMINATION MARKS.

Airmanship %	Navigation %
Maintenance %	Aircraft Recognition %
Armament % %
Signals (Pract.) % %

FLYING APTITUDE (on conclusion of Course)

1. Natural Aptitude
2. Skill in Landing
3. Airmanship... ..
4. Aerobatics
5. Cockpit Drill
6. Instrument Flying
7. Formation Flying
8. Night Flying
9. Map Reading
10. Flying for Bombing

Exceptional	Above Average	Average	Below Average	Poor
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		

Note.—This report need not be shown to the pupil unless it accompanies a recommendation to cease instruction. For full instructions regarding compilation and distribution of this form see A.M.O. A321/41.

DISTINCTIVE QUALITIES—

1. **Persistence**
(Does he keep on trying or is he easily discouraged ?)
2. **Sense of Responsibility**
(Has he common sense or is he over-confident ?)
3. **Endurance**
(Does he put up a consistently satisfactory performance under conditions of strain ?)
4. **Leadership**
(Has he taken the lead in any activities ? Would he make a good captain of aircraft or Flight leader?)
5. **Method**
(Does he work systematically to a plan ?)
6. **Deliberation**
(Does he act decisively **for reasons** or on impulse ?)
7. **Initiative**
(Does he want to try things on his own ?)
8. **Dash**
(Is he quick and decisive in action ?)
9. **Distribution of Attention**
(Does he find it difficult to do more than one thing at a time ?)
10. **Self-Control**
(Does he get flustered ?)
11. **General Assessment of suitability as Operational Pilot.**

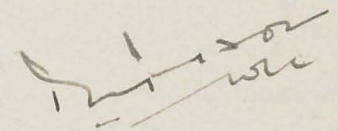
Exceptional	Above Average	Average	Below Average	Poor
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		

(a) Exercises not carried out : **9, 10a, 14, 15, 20, 21, 24c, 26b.**

- (b) Number of bombs dropped as pilot : (1) Day : (2) Night :
- (c) Number of bombs dropped as bomb aimer : (1) Day : (2) Night :
- (d) Result of best high level exercise : As pilot : (1) Day : (2) Night :
As bomb aimer : (1) Day : (2) Night :
- (e) Number of rounds fired : (1) Air to air : **1000** (2) Air to ground : **1100**

General Remarks (if any required) :

An average pilot. Has shown keenness and improvement.



Date..... **23/10/41**

Signature **O.C.**

Training Wing No. 59 O.T.U. R.A.F.

CRIME

Document

MINOR OFFENCE

No. 1 Wireless School, Montreal (St. Hubert - Guard)

SQUADRON, BATTERY OR COMPANY

CHARGE against No. R75630 AC2 Smith, C.H.

Place	Date of Offence	OFFENCE	Name of Witness	Punishment Awarded	By whom Awarded
St. Hubert	31/12/40	W.O.A.S. is charged with an act to the prejudice of good order and air force discipline, in that he, at St. Hubert airport, between 2100 hrs on Dec. 31st and 2359 hrs. did unnecessarily expend govt. ammunition by discharging one round from his rifle into the ground.	Documentary	Remanded to C.C. Flying Squadron 20.8.41 B.H.	One month's restricted privileges. Seven days C.B. <i>S. Volk</i> 3-1-41
		A.F.A. (Sec.40) (1)			

Service _____ years
 Number of good conduct badges _____
 Date of last entry in company conduct book _____
 Character _____
 Date of last entry for an act of drunkenness _____
 Number of cases of drunkenness within the last 12 months _____

S. Volk
 (S.Volk) S/L
 Officer Commanding Flying Squadron,
 No. 1 Wireless School - St. Hubert.

Commanding

To be made out in duplicate

SPECIAL RESERVE

A 337

14-10-40

M.F.M. 5
200M-7-40 (8098-9)
H.Q. 1772-39-1851

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

*\$10.00
Val.
Mather*

(1) Name of Officer of Other Rank..... **SMITH, COLIN HOMER**
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank..... **R 75630 AC 2**

(3) Unit..... **R.C.A.F. Special Reserve**

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

(5) If married, state,

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

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

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

NA

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

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

Names and ages..... **NA**

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

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

Name..... **NA**

Postal Address..... **NA**

R.C.A.F. Records Office
 Rec'd **OCT** [SEE OTHER SIDE] 1940
 O. K..... C.I.B.....
 R. C..... N. I.....
 S. L..... P. A. *mc*

(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?.....YES

If so, state name and address, occupation..... William Lowie Smith (Fruit Grower)
Burlington, Ontario

(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..... Beatrice Smith
Burlington, Ontario, ~~Ontario~~

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?.....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.....NA

Full Name.....NA

Postal Address.....NA

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

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

If so, in what Company?..... Dominion Life Assurance Co
(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.

Date.....7-10-40
.....
(Signature of officer or man)

.....
.....
Officer Commanding..... H.S.A. Lewis
R.C.A.F. RECRUITING CENTRE,
HAMILTON, - ONT.

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

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

1. (a) Print name in full..... Colin Homer Smith..... (b) Reg'l. No. 275230
 2. (a) Arm of service..... Air Force..... (b) Unit..... #10 E.F.T.S...... (c) Rank..... E.A.C.
 3. (a) Date of birth..... Jan 17, 1918..... (b) Have you any dependents? No..... (c) Place of residence at time of enlistment..... Burlington Ont.
 4. (a) Place of enlistment..... Hamilton Ont...... (b) Date of enlistment..... Oct 14/40

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?..... College
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... Senior Matriculation
 7. If you attended a university, give name of university and standing or degree secured..... Queen's Agricultural College B.S.A.
 8. (a) Did you ever enter upon a trade apprenticeship?..... No..... (b) If so, for what occupation?..... N.A...... (c) Did you finish it?..... N.A...... (d) If you did not finish it, how long did you serve at it?..... N.A.
 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?..... N.A.

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?..... Yes
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... Fruit Growing..... (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..... W. R. Smith..... Address..... Burlington Ont.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Fruit Growing
 20. (a) Your specific occupation..... Fruit Growing..... (b) Number of years' experience at this occupation with any employer..... 10 yrs.
 21. (a) Did your employer promise definitely to give you employment on discharge?..... Yes..... (b) Did your employer refuse to promise you employment on discharge?..... N.A...... (c) Do you wish to return to your former employment?..... Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... Yes..... (b) Do you feel competent to operate a farm?..... Yes..... (c) If so, in what kind of farming?..... Fruit Growing
 25. (a) Were you born on a farm?..... Yes..... (b) How many years' actual farming experience have you had?..... 10 yrs...... (c) In what provinces did you have experience?..... Ontario

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.)..... N.A.
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... N.A.

DATE.....

May 15, 1941

194.....

SIGNATURE.....

CH Smith

AIR FORCE No.

R75630

SMITH, COLIN HOMER

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE Hamilton, Ont.

DATE 14-10-40

10

R.C.A.F. FORM R44(B)
50M-10-40 (7685)
H.Q. 1062-3-58

RECORD OF SERVICE AIRMEN

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.				4. TRADE AND CHARACTER				6. LEAVE																																																													
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.																																																										
JOS	1 MD Toronto	14 10 40	JMP246	A62	14 10 40	JMP246	Aircrew (Pilot)	S	14 10 40	JMP246	16-5-41	27-5-41	11		10EF114																																																										
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S.O.S.	1 W.S.	7 2 41	1W.334	Sgt (T) paid	8 8 41	287187	3025																																																																		
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SOS	19 TS Toronto	29 3 41	19TS78	5/4 Lt Sgt	1 3 42	RAE18																																																																			
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SOS	10EF Mount Hope, Ont.	27 5 41	10EF117																																																																						
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SOS	2 SF Uplands	9 8 41	287187																																																																						
S.O.S.	2/2 Depot Halifax	10 8 41	287185																																																																						
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TOS	3 PRC	2 9 41	RAF 42-44																																																																						
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<p><i>Missing</i> <i>Presumed Dead</i> <i>Operational Flying Battle - on patrol</i> <i>hurricane, carrying cannon, downed</i> <i>unclassified - 3 Squadrons, sig P45663</i> <i>2/8-6-42</i> <i>Pres dead. 7/6/42; P46392 d 28/11/43.</i></p>				<p>7 6 42 RAE35</p> <p>7 6 42 RAE 29/43</p>				<p>3. MEDICAL HISTORY</p> <p>EXAMINATIONS (IN RED INK)</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>FORM</th> <th>CATEGORY</th> <th>REMARKS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>HOSPITALIZATION (IN BLACK INK)</p> <table border="1"> <thead> <tr> <th>HOSPITAL</th> <th>ADMITTED</th> <th>DISCHARGE</th> <th>D.R.O.</th> </tr> <tr> <th>QUARTERS</th> <th>CONFINED</th> <th>RET'N DUTY</th> <th></th> </tr> </thead> <tbody> <tr> <td>26-9-40</td> <td>R100</td> <td>"A"</td> <td></td> </tr> <tr> <td>Stratford Bay</td> <td>5-3-41</td> <td>9-3-41</td> <td>192/35-61</td> </tr> <tr> <td>12-3-41</td> <td>42</td> <td>A1B-A3B</td> <td></td> </tr> <tr> <td>SSQ</td> <td>16-3-42</td> <td>25-3-42</td> <td>RAF 17</td> </tr> </tbody> </table>				DATE	FORM	CATEGORY	REMARKS					HOSPITAL	ADMITTED	DISCHARGE	D.R.O.	QUARTERS	CONFINED	RET'N DUTY		26-9-40	R100	"A"		Stratford Bay	5-3-41	9-3-41	192/35-61	12-3-41	42	A1B-A3B		SSQ	16-3-42	25-3-42	RAF 17	<p>5. COURSES-TESTS-ETC.</p> <table border="1"> <thead> <tr> <th>SUBJECT</th> <th>RESULT</th> <th>DATE</th> <th>AUTHORITY</th> </tr> </thead> <tbody> <tr> <td>Pupil Pilots course 2024</td> <td>79.8</td> <td>16 5 41</td> <td>T.93</td> </tr> <tr> <td>Pupil Pilots course 6862</td> <td>88.6</td> <td>8 8 41</td> <td>758 287</td> </tr> </tbody> </table>				SUBJECT	RESULT	DATE	AUTHORITY	Pupil Pilots course 2024	79.8	16 5 41	T.93	Pupil Pilots course 6862	88.6	8 8 41	758 287	<p>6. LEAVE</p> <table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>DAYS</th> <th>REMARKS</th> <th>D.R.O.</th> </tr> </thead> <tbody> <tr> <td>16-5-41</td> <td>27-5-41</td> <td>11</td> <td></td> <td></td> </tr> </tbody> </table>				FROM	TO	DAYS	REMARKS	D.R.O.	16-5-41	27-5-41	11		
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AIR FORCE No. *R 75630*

SURNAME *Smith*
 FULL CHRISTIAN NAME *Colin Homer*

ENLISTMENT/APPOINTMENT PLACE _____
 DATE *14-10-40*

RELIGION *CofE*

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY
<i>17-1-18</i>					SINGLE, MARRIED, WIDOWER, DIVORCED

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

WIFE (FULL MAIDEN NAME) OR HUSBAND
PRESENT ADDRESS (IN PENCIL)
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CIVIL OCCUPATIONS AND EXPERIENCE

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>William Louis Smith (father) Box 575 Burlington Ont.</i>

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

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

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

AIRMEN AND AIRWOMEN					
RANK	DATE	AUTH.	TRADE	DATE	AUTH.
<i>Sgt</i>	<i>8841</i>		<i>Pilot</i>		
<i>Fd Sgt</i>	<i>1342</i>				
<i>T/1 Sgt</i>	<i>8242</i>	<i>113/44</i>			

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

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

AIR FORCE No.

R 75630

SMITH
SURNAME

COLIN HOMER
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

RELIGION

PLACE

DATE

14-10-40

Co of E
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

3 Sept. 21141

Missing after
aw Ops 7642
1009 35/77
AI-PO
954/42

Presumed Dead 7642
CC-4 242
AI-PO
232/43

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE CHARACTER TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE AWARD AUTHORITY

24/8/41

R
ANALYSIS FROM 765C OR CIRCUMSTANTIAL REPORTS. (7)

No. P. 75650 Rank. F/Sgt. Name. SMITH C.H. Unit. No. 3 Sqn

Location of accident

Time and Date. 7th June 1942.

General circumstances of accident.

Aircraft took off from base at 01.10 hours.
Aircraft detailed to carry out a Fighter Offensive
on an enemy occupied aerodrome in Holland.
There was some thick ground haze over parts of the
Low Country. No information has been received
with regard to the aircraft or pilot since leaving
base.

Additional Information.

Burial Particulars.

Reference. File. Vol. X 8 Enc. No. 81.

A/c. No. Hurricane 11C (L.R.) PD 868.

17th June 1942.

(m)

1022-5-4781
8th July 1942

Dear Sir,

I am directed to refer to a letter from this department dated 10th June 1942, and to inform you, with regret, that no news has been received of your son, No. CAN/R.75630 Flight Sergeant Colin Homer SMITH, Royal Canadian Air Force, since he was reported missing on 7th June 1942.

The aircraft of which your son was Pilot and sole occupant took off from base at 1.10 a.m. on 7th June 1942, detailed to carry out an offensive sweep on an enemy occupied aerodrome in Holland. Since the take off nothing further has been heard of the aircraft.

I am to add an expression of the department's sincere sympathy with you in your great anxiety, and to assure you that any further news will be immediately passed to you.

I am,

Dear Sir,

Your obedient Servant,

Flight Lieutenant,
Royal Canadian Air Force Casualties Officer,
for Air Officer in Chief R.C.A.F. Overseas.

W.L. Smith Esq.,
575 Burlington,
Ontario,
CANADA.
MH

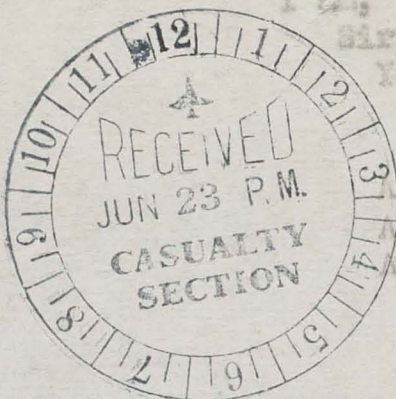
The Air Council desire me to express their deep sympathy with you in your great anxiety, and earnestly hope that favourable news of your son may be forthcoming.

1072-S-4781

I am,
Sir,

Your obedient Servant,
10th June, 1942.

C7/CAN/R.75630.



Air Commodore,
Air Officer in Charge,
Air Ministry Records.

Sir,

I am commanded by the Air Council to express to you their grave concern on learning from the Casualties Officer of the Royal Canadian Air Force that your son CAN/R.75630 Flight Sergeant Colin Homer SMITH, has been reported missing as the result of air operations.

The Hurricane aircraft of which your son was the pilot and sole occupant failed to return to its base on the 7th June, 1942.

This does not necessarily mean that he is killed or wounded, and if he is a prisoner of war, he should be able to communicate with you in due course. Meanwhile enquiries will be made through the International Red Cross Society and, as soon as any definite news is received, you will be at once informed.

If any information regarding your son is received by you from any source you are requested to be kind enough to communicate it immediately to the Secretary, Department of National Defence for Air, Ottawa, who will forward it to the Air Ministry.

The Air Council desire me to express their deep sympathy with you in your great anxiety, and earnestly hope that favourable news of your son may be forthcoming.

I am,
Sir,

Your obedient Servant,

W.L. Smith, Esq., Ontario..Canada.
575 Burlington.

R7 7630 P/S Smith,

W.L. Smith,
Box 575, Burlington,
Ontario,
Canada.

No. 3 Squadron,
Royal Air Force,
Hunsdon,
Nr. Ware,
Herts.

1022-5
4781

11th June 1942.

Dear

It is with profound regret that I have to inform you that your son R.75630 P/Sgt. Smith.C.H. is missing.

He had been engaged on operational work against the enemy and was successful in damaging (possibly destroying) one enemy bomber quite recently.

He took off in the early hours of 6th June, and failed to return.

It is quite possible that he is a Prisoner of War, and should we receive any information to this effect, you would be informed immediately. In the meantime I wish to draw your attention to the enclosed leaflet with regard to security.

The members of my Squadron and myself join you in hoping that your son is safe, but whatever the circumstances, you can feel proud that your son served his Country in the bravest possible manner, a gallent member of the R.C.A.F.

Yours

M.G. Berry

Squadron Leader, Commanding,
No. 3 Squadron, R. A. F.

The Canadian Red Cross Society

RED CROSS ENQUIRY BUREAU

Reg 487

1022-S-4781
Ro4

18 RIDEAU STREET



OTTAWA, CANADA

1944 JAN 13 AM 9 58

January 12, 1944.

The Secretary,
Department of National Defence for Air,
O T T A W A.

Dear Sir:

Re: R.75630 Flight Sergeant
SMITH, Colin Homer
R.C.A.F.

According to our records the above named Canadian airman was reported missing in the Casualty List of June 12th 1942. At that time we were making cable enquiries regarding ~~regarding~~ missing men and a cable was sent asking for information regarding Flight Sergeant Smith. We have never received any reply.

Would you be good enough to give us your latest Casualty Listing regarding this Canadian airman?

Thank you for your kind attention to this matter.

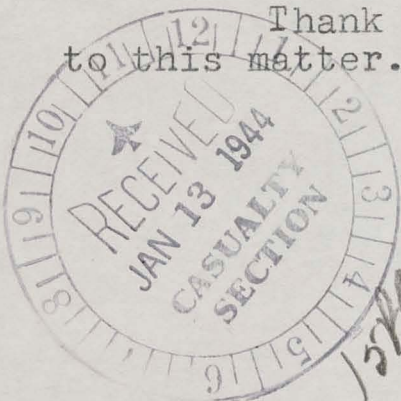
Yours sincerely,

A. M. Plumtre

Mrs. H. P. Plumtre,
Hon. Director.

Answer 875/2

M.T.



m

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

 NUMBER **R75630**

RANK

F/SGT.

TRADE

PILOT (SP GR)

UNIT

OVERSEAS

S E R V I C E

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

NAME

SMITH, COLIN HOMER

MARITAL STATUS

SINGLE

 WAS AIRMAN ON INDEFINITE
LEAVE WITHOUT PAY?

NO

 NEXT OF KIN AS SHOWN ON
REC. OF SERV. & RELATIONSHIP

MR. W.L. SMITH (FATHER)

 NAME
ADDRESS
D.A.B.

MRS. B. SMITH (MOTHER)

ADDRESS

BURLINGTON, ONTARIO.
**BOX 575,
BURLINGTON, ONTARIO.**

ADDRESS

 ADDITIONAL PERSON
TO BE NOTIFIED

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

ADDRESS

RELIGION

ANGLI CAN

CANADIAN

YES

FRENCH CANADIAN

OTHER

PARENTS NAMES

MR. & MRS. WILLIAM LAWRIE SMITH

FATHER LIVING ON ENLISTMENT

YES

ADDRESS

BURLINGTON, ONTARIO.

MOTHER LIVING ON ENLISTMENT

YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY?

 YES/~~NO~~

IF SO, WAS HE A B.C.A.P.P. TRAINEE?

 YES/~~NO~~

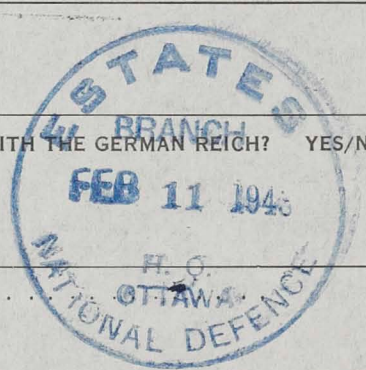
IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

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

IF SO, GIVE PERIOD OR PERIODS:

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



AUTHORITY CAS. SIG. NO.

AIR MIN KWY---PX6392---d-28-JAN-43.
959

CASUALTY DETAILS:

PREVIOUSLY REPORTED "MISSING" 7-JUNE-42 AFTER AIR OPERATIONS (OVERSEAS)
NOW "PRESUMED DEAD" 7-JUNE-42 FOR OFFICIAL PURPOSES.

 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

3-FEB-43.
P OF D YES

FOR CHIEF OF THE AIR STAFF

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of OVERSEAS Township of
 { If in City, Town or Village..... Street..... House No.....
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
 (a) In City, Town or Township where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED SMITH Colin Homer
 (Family name) (Given name or names in usual order)

RESIDENCE No..... Street..... City, Town, Village or Township Burlington Province Ontario.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------	--

8. BIRTHPLACE Ontario.
 (Province or Country)

9. DATE OF BIRTH January 17th 1918
 (Month) (Day) (Year)

10. AGE in	Years <u>24</u>	Months <u>4</u>	Days <u>21</u>	If less than one day old hrs. or.....min.
------------	--------------------	--------------------	-------------------	--

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc..... Pilot

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

13. Date deceased last worked at this occupation 7-June-43 14. Total years spent in this occupation Two

15. If married give name of wife or husband of deceased..... N.a.

FATHER

16. NAME SMITH, William Laurie

17. BIRTHPLACE Ontario.
 (Province or Country)

MOTHER

18. MAIDEN NAME HOMER, Beatrice

19. BIRTHPLACE Ontario.
 (Province or Country)

20. Person giving information sign here..... Sam Hill S.D.
 for (RCAP Records Officer)
 Address.....
 Relationship to deceased.....

21. Place of Burial, Cremation or Removal.....
 Date of burial or removal.....

22. Burial Permit was issued by.....
 Address.....

23. UNDER-TAKER.....
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH June 7th 1942
 (Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:
19.....to.....19.....
 and last saw h.....alive on.....19.....

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Previously reported missing after air operations, now for official purposes presumed dead.</u>	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)..... (c).....	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	

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

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

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 Date of injury June 7th 19 42
 (State which)
 Manner of injury Presumed killed during air operations.
 (How sustained)
 Nature of injury.....
 Specify whether injury occurred in industry, in home, or in public place public place

Signed by..... M.D.
 Address..... Date.....19.....

30. Division Registrar's Record No.....

31. Filed.....19.....
 (Division Registrar)

PROVINCE OF ONTARIO }
TO WIT: }

I, Ellis Hughes Cleaver, a Notary Public
by Royal authority duly appointed in and for the Province
of Ontario and residing at the Town of Burlington, in the
County of Halton, do certify and attest that the within
paper writing is a true copy of a document produced to me
and purporting to be the original Letters Probate of the
last Will and Testament of Colin Homer Smith late of the
Township of Nelson, in the County of Halton, Fruitgrower,
deceased, the said copy having been compared by me with
the original.

An act whereof being requested I have granted
the same under my Notarial hand and seal of office to serve
and avail as occasion shall or may require.

DATED at Burlington this Seventh day of
January, A. D. 1944.

Ellis Hughes Cleaver

NOTARY PUBLIC.

CANADA }
PROVINCE OF ONTARIO } (CREST)

IN HIS MAJESTY'S SURROGATE COURT
of the County of Halton

BE IT KNOWN that on the Fourteenth day of August in the year of our Lord one thousand nine hundred and forty-three **THE LAST WILL AND TESTAMENT** of COLIN HOMER SMITH, late of the Township of Nelson in the County of Halton and Province of Ontario, Fruitgrower, a member of the R.C.A.F., who died on or about the Seventh day of June in the year of our Lord One thousand nine hundred and forty-two, over Germany and who at the time of his death had a fixed place of abode at the Township of Nelson in the said County of Halton, was proved and registered in the said Surrogate Court, a true copy of which said last Will and Testament is hereunto annexed and that administration of All and Singular the property of the said deceased, and in any way concerning his Will was granted by the aforesaid Court to

ISABEL BEATRICE KEMP, of the Township of Nelson, in the County of Halton, Married Woman, the sole

Executrix named in the said Will she having been first sworn well and faithfully to administer the same by paying the just debts of the deceased and the legacies contained in his Will so far as she thereunto bound by law and by distributing the residue (if any) of the property according to law and to exhibit under oath a true and perfect inventory of All and Singular the said property, and to render a just and full account of her Executrixship when thereunto lawfully required.

WITNESS His Honour, William Norman Munro, Esquire, Judge of the said Surrogate Court at the Town of Milton in the said County of Halton the day and year first above written.

(Seal) By the Court

"W. J. L. Hampshire"

Registrar.

NOTICE:- THE ATTENTION OF ALL PERSONS ADMINISTERING THIS ESTATE IS DRAWN TO THE REGULATIONS RESPECTING TRADING WITH THE ENEMY (1939), BY WHICH IT IS FORBIDDEN TO DISTRIBUTE ANY PORTION OF THE ASSETS OF THIS ESTATE TO OR ON BEHALF OF ANY BENEFICIARY OR CREDITOR WHO IS AN ENEMY AS DEFINED BY THE REGULATIONS. IF THERE IS ANY SUCH ENEMY INTEREST NOW OR SUBSEQUENTLY IN THIS ESTATE IT MUST BE REPORTED TO THE CUSTODIAN, USA CENTRAL CHAMBERS, OTTAWA, CANADA, AND NO ACTION WITH REGARD TO SUCH ENEMY INTEREST CAN BE TAKEN WITHOUT THE CONSENT OF THE CUSTODIAN.

Victoria Bldg., 70' Connor St.

SURROGATE COURT

County of Halton

LETTERS

PROBATE

of the Estate of

COLIN HOMER SMITH,
late of the Township
of Nelson, Fruitgrower, a
member of the R.C.A.F.,
deceased.

WILL

R.C.A.F. R. 60

{ City
{ Town
{ Village
{ Township

(1) I Colin Homer Smith.....of the
County
of Burlington, in the District of Halton.....
Province of Ontario.....Fruit Grower..
(Civil Occupation)
a member of the Royal Canadian Air Force, Number..R75630
Do hereby revoke all former Wills made by me and declare
this to be my Last Will.

(2) I give, Devise and Bequeath unto:--My father -

Mr. William Lawrie Smith,
Burlington, Ont.

All of my estate

(3) I Give, Devise and Bequeath all the rest and residue of my
Estate, both real and personal, of whatsoever kind and
wheresoever situated unto:-

N/A

(4) I appoint My sister Mrs. Isabel Beatrice Kemp, Burlington, Ont.
(Name) (Address)
.....to be the Executrix of this my
Last Will

IN WITNESS WHEREOF I have hereunto set my hand this 14th day
of.....October.....1940.

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.

W.C.H..Smith.....

(Signature of Testator)

Signature "Morris J Tasker"

Address No. 1 Manning Depot, R.C.A.F. Toronto

Occupation Clerk

Signature "F. V. Black"

Address No. 1 Manning Depot, R.C.A.F., Toronto

Occupation Clerk

I hereby declare the foregoing to be a true copy of
the Last Will and Testament of Colin Homer Smith, Deceased.

"W. J. L. Hampshire"

Surrogate Registrar,
County of Halton.

MEMORANDUM FOR

P. 64

Mr. W. L. Smith, *PO Box 575*

Burlington, Ontario.

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

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

and the following number quoted:—

H.Q. 1022-S-4781 FD.169

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

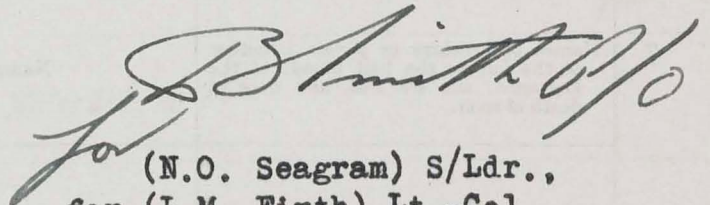
February 18th, 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

SMITH, Colin Homer, F/Sgt.

No. R75630, R.C.A.F. ATT. R.A.F. O/S

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.



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

DBS:ET



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 inquired for	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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		WILLIAM LAWRIE SMITH	59.	BURLINGTON, ONTARIO
4	Mother of the Deceased.....		BEATRICE SMITH	57	BURLINGTON, ONTARIO
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	ISABEL BEATRICE KEMP.	28	BURLINGTON, ONTARIO
		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

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	COLIN HOMER SMITH.
11	Give the month and year of his birth.	JANUARY 17. 1918.
12	Where and when were his parents married?	BURLINGTON, ONTARIO JANUARY 25. 1911.
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	
14	Did he leave a Will? If so, a copy should be attached hereto.	
15	Did he leave a bank account? If so, give full particulars.	yes. Royal Bank of Canada Burlington, Branch
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	Probate
17	State your own postal address in full.	Box 575 BURLINGTON, ONTARIO

PARTICULARS OF DOMICILE

18	Where was deceased born?	NELSON TSP. HALTON CTY. ONTARIO
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	ONTARIO, CANADA — all his life.
20	What was the nature of his employment?	STUDENT.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	YES.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No.
24	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, 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.)	No

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* FATHER. of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

W. S. Smith

{ Signature of Informant

CERTIFICATE

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

W. S. Smith

*See above

{ Name of Informant } is the* Father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Freeman this 25th day of July 1943.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

J. A. Pettit

Qualification

Justice of Peace

Address Freeman, Ont

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 enquired after is stated in its proper place in the Statement opposite.

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

WILL

R.C.A.F. R.60

(1) I, Colin Homer Smith.....of the ~~City~~
 (Town ~~of~~
~~the~~
~~County~~
 County of... Burlington.....in the ~~City~~ of... Halton.....
 Province of... Ontario..... Fruit Grower.....
 (Civil Occupation)

a member of the Royal Canadian Air Force, Number... R75630.....Do hereby
 revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:- My father -

Mr. William Lawrie Smith,
 Burlington, Ont.

All of my estate

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both
 real and personal, of whatsoever kind and wheresoever situated unto:-

N/A

(4) I appoint My sister - Mrs. Isabel Beatrice Kemp, Burlington, Ont.....
 (Name) (Address)

....., to be the Executrix of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this ... 14th.....day of
October.....1940.

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.

Ch Smith.....
 (Signature of Testator)

(5) Signature... *[Signature]*.....
 Address... No. 1 Manning Depot, R.C.A.F., Toronto
 Occupation... Clerk.....
 Signature... *[Signature]*.....
 Address... No. 1 Manning Depot, R.C.A.F., Toronto
 Occupation... Clerk.....



- 1 Leather Suit Case & 1 Case Wood Packing containing:-

- 1 Large Envelope (Photos & Snaps). *R*
- 1 Large portrait of a girl.
- 1 Pr. Brown Slacks with green belt. *R*
- 1 Golfing Jacket.
- 1 Leather Case containing razor set etc.
- 1 Trousers Hanger.
- 1 Housewife.
- 1 Wardonia Razor.
- 1 Steel Mirror.
- 1 Torch (without battery and bulb) Ever-ready.
- 1 Photograph Album with photographs. *R*
- 6 Prs. Athletic Pants.
- 1 Leather Case containing pen and pencil (Watermans) both broken.
- 1 Kit Bag Holder (Handle).
- 6 Black Ties.
- 14 Handkerchiefs.
- 1 Jock Strap.
- 1 Dressing Gown.
- 4 Coat Hangers.
- 8 Shirts.
- 1 Pr. Scissors.
- 2 Prs. Suspenders.
- 2 Vests.
- 2 Towels.
- 2 Pr. Pyjamas.
- 1 Blue Leather Dressing Set complete.
- 3 Service Collars.
- 1 Pr. Trunks (Swim).
- 2 Pipes.
- 1 Blue Money Belt.
- 2 Prs. Braces.
- 1 Button Stick.
- 1 Pr. Soft Leather Slippers.
- 1 Pilot's Brevet.
- 1 Pr. Black Shoes (with trees).
- 1 Pr. Red Stockings.
- 1 Woollen Sweater (White).
- 1 Woollen Sweater (Blue).
- 1 Red Woollen Cap.
- 2 Prs. Black Leather Gloves.
- 1 Pr. Woollen Gloves.
- 1 Blue Pullover.
- 1 Blue Woollen Scarf.
- 2 Pr. Mittens.
- 1 Blue Leather Writing Case containing 1 Pencil.
- 1 Set of Compasses in Case.
- 1 Testament.
- 1 Pr. Anti-Glare Glasses in Case.
- 1 Envelope of correspondence. *R*
- 1 Brass Tie Clip.
- 1 Blue Camp Bag. *4-6-43*
- 21 Prs. Socks.
- 1 Leather Wallet (Empty).
- 2 Leather Cigarette Cases.
- 1 Diary. *R*
- 1 Envelope containing 4 coins. *3 only*
- 3 Shirts. *1 only*
- 1 Pr. Athletic Drawers.
- 5 Handkerchiefs.
- 1 Vest.
- 3 Pr. Socks.
- 1 Kodak Vigilant Junior Six-20 Camera.
- 4 Prints (in Camera). *R*

Next of Kin:
 Mrs. W.L. Smith, (Mother) Box 575, Burlington, Ontario, Canada.

26-7-43

no keys
1/2/13 + 1 ctu
80



ESTATES BRANCH

OTTAWA, Canada, January 3rd, 1944

E.H. Cleaver, Esq., K.C.
Burlington, Ontario

SMITH, Colin Homer, F/Sgt. (Deceased)
No. R. 75630 R. C. A. F.

Dear Sir:

Enclosed herewith is Dominion of Canada cheque No. C031383 dated 9th December, 1943, for \$149.66, payable to the order of Mrs. Isabel B. Kemp. ✓

This is the total of the deceased's Service estate available for distribution to this Branch, and is made up as follows:

Balance of pay and allowances	\$97.88
Cash found in effects	\$51.78
Total	<u>\$149.66</u>

The whole amount is paid to Mrs. Kemp as executrix of her brother's Will in conformity with the Copy of Probate which was sent here on the 8th of November last. ✓

Receipt of the personal effects was acknowledged by the deceased's father on the 26th of August, 1943. ✓

Would you kindly have Mrs. Kemp sign and return the enclosed form of acknowledgment.

Yours faithfully,



(L.M. Firth) Lt.-Col.,
Administrator of Estates

DBS/SR

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F.

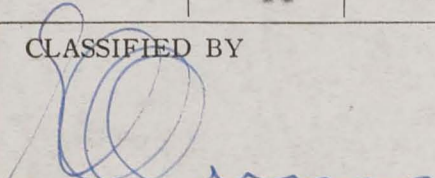
Name: SMITH Colin H. No.: R.75630
 Surname Christian Names
 Rank F/Sgt. Unit R.C.A.F. C/S Date of Death 7-6-42

AMOUNT

Date: 22-11-43
 L.P.C. \$ 149.66
 Other Credits.....
 Total..... 149.66

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
X11	Sister	Mrs. Isabel B. Kemp, (as Executrix of the will of Colin H. Smith, deceased) Burlington, Ont.	149.66

X

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	533	01	70	000	149.66
CLASSIFIED BY 			EXAMINED BY <u>E. Forsyth</u> For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

AM Estates Form "P. 4"

R.C.A.F.

Name: SMITH, Colin H., No.: R-75630
 Surname Christian Names

F/Sgt R.C.A.F. O/S 7-6-42
 Rank Unit Date of Death

AMOUNT

Date: 27 June 45

L.P.C.....\$ **155.96**
 Other Credits.....
 Total..... **155.96**
 Prev. Dist. **149.66**
 This Dist. **6.30**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs. Isabel B. Kemp, Executrix of Will of Colin H. Smith, deceased, Burlington, Ontario.	6.30

Prom. Pay

P4. TO TREAS.
 13-7-45
 AW X

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 0000	833	01	70	000	6.30
CLASSIFIED BY			EXAMINED BY		
<i>[Signature]</i>			For Chief Treasury Officer		

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

For Chief Treasury Officer

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Estates Form "P. 4"

AIR

Name: SMITH, Colin H. No.: R75630
Surname Christian Names

F / S O / S 7-6-42
Rank Unit Date of Death

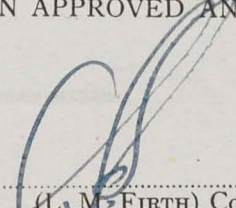
<u>AMOUNT</u>	<u>R.S.O.</u>	<u>277.02</u>
	L.P.C.....\$	<u>155.96</u>
	Other Credits.....	
	Total.....	<u>432.98</u>
	Prev. Dist.	<u>155.96</u>
	This Dist.	<u>277.02</u>

Date: 20-12-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs. Isabel B. Kemp Executrix of the will of Colin H. Smith, (Dec'd) Burlington, Ont.	277.02
		<p>JAN 17 1946</p> <p>P4. TO TREAS.</p>	
			WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 9999	533	01	70	000	277.02
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			For Chief Treasury Officer		

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 (L.M. FIRTH) Colonel
 Director of Estates

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For Chief Treasury Officer