

J20918
KIRKWOOD
FRANCIS LUSSIE



R 1483 96
A 353



R 148396 7231

Kirkwood FL
010

R.C.A.F. A.47
Part 1.

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

MBD. 13-10-43
1
Air Force No. 20918 Surname. KIRKWOOD.
Christian Names (in full) FRANCIS LUSSIER.
Date of Birth 21-11-20 Religion RC
Date of Enlistment/Appointment 9-11-42
Married (M), Widower (W) or Single (S) M.
Occupation in Civil Life NAVY ICR.

Signature of Holder.....

Name and Address of Next-of-Kin WIFE

MRS. B.M. KIRKWOOD

26 EBRINGTON ST. PLYMOUTH

Name, Address, and Relationship of Person to be informed
of Casualties—

Certified Correct for B. M. Kirkwood FL WO

Date 7-4-43

Place RCAF Ops HQ

Stock.
Mrs. Betty N. Kirkwood (Widow)
~~20285 Lakeshore Road,~~
~~Base D's wife,~~
Ave.

8464 Querbes Ave.
Montreal P.Q.

Jan. 45.

2/12/49.

2301

2-2-50

MEMORIAL BAR

DATE DESP

REGN. NO

916

NAME KIRKWOOD, Francis Lussier

FILE NO. J20918

PRE. DEAD

RANK F/O

CATEGORY ~~MISSING OR BURNED OR DROWNED~~

REG. NO. J20918

DATE OF DEATH: 12 Oct. /43

MOTHER LIVING: YES

WIFE: ~~NA~~ YES

MINISTERIAL CARD: 1-11-43

ROYAL MESSAGE:

MEMORIAL CROSS

TO CHAPLAIN:

To mother & father

SEP 22 1944

DEL'D TO MOTHER SEP 21 1944

~~To Mother and Father 04-06-44~~

To Wife- 15-6-44

DEL'D TO WIFE:

To mother & father

Mr. & Mrs. Thomas R. Kirkwood,
20285 Lakeshore Road,
Baie D'Urfe, Quebec.

Wife-
Mrs. F. L. Kirkwood,
Same Address

COMMAND:

RELIGION:

2166

V-23115

745
Wm
DWS

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5



CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Kirkwood OFFICIAL NO. _____
 CHRISTIAN NAMES Francis Lussier MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>965 Dunlop Ave., Outremount, P.Q.</u>	<u>R.C.</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>Dec. 21st, 1920</u>	Town County Province <u>Montreal, P. Q.</u>	<u>Mother, Elinor Kirkwood, Same address</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Fect. <u>5</u>	Inflated..... <u>37</u>	<u>Brown</u>	<u>Blue</u>	<u>Fresh</u>	<u>Scar on left leg</u>
Inches. <u>9 1/4</u>	Deflated..... <u>34</u>				
<u>132</u>	Mean..... <u>35 1/2</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>September 24th, 1940</u>	<u>Writer</u>	<u>Clerk, G.N.R.</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in _____ for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the Montreal Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

Dated this 24th day of September, 1940

Signature of applicant Francis L. Kirkwood

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 24th day of September, 1940

R. G. Hatrick
Signature of Commanding Officer.
Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Francis Lussier Kirkwood do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant Francis L. Kirkwood

Witness R. G. Hatrick

Date September 24th, 1940 Rank Sub/ Lieut. R.C.N.V.R.

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Francis Lussier Kirkwood having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Montreal Division of the R.C.N.V.R.

J. M. Petrick
Lieut. R.C.N.V.R. for
Commanding Officer.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

Admitted with no complaints but only "because someone believes me mentally unbalanced or shell-shocked or something". According to him the universe is all regulated by mirrors. Sun, moon & stars are mere reflections of the earth's energy etc etc. Acting peculiarly for past month or so. - delusions hallucinations etc. Attacked one of his guards. Seen by Dr Mackley who says the man is definitely psychotic - superficially a manic depressive (manic type) but with a few schizophrenic symptoms. Commitment recommended if improvement does not soon come.

10. Were the diseases or injuries caused or aggravated:

(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?.....

NO

11. What is the probable duration of the diseases or injuries?.....

PERMANENT - at least liable to recur

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?.....
(If the answer is "yes" state nature of treatment required and probable duration)

YES - investigation & therapy in mental institution

13. Can the former civilian trade, profession or occupation be resumed?.....
(If not, briefly state why)

NO

14. Recommendations.....
(This section should contain only the M.O.'s recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

to medical board for disposal to mental institution for treatment & observation

Jon Murray Surg Lieut
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned FRANK KIRKWOOD having heard the contents of Sections 8 (a) and 9 read, am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing

Frank J Kirkwood Rank
Signature of member of the Forces.

Writer R.C.M.V.R.
Jon

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

we concur.

16. It is certified that the invalid,—

(a) Does require treatment (give nature of treatment required and probable duration.)

yes - psychiatric - doubtful duration

(b) Does not require treatment.

Should be treated in mental hospital under D.P. + N.H.

Categories hereunder are defined for information only.

(1) NAVY—

- ~~A. General service.~~
- ~~D. Temporarily unfit.~~
- E. Unfit for Category A.

(3) R.C.A.F.—

- A1B Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH Fit for full flying and ground duties in Canada.
- A2B Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH Fit for limited flying duties and all ground duties in Canada.
- A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH Ditto but Canada only.
- A4B Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH Ditto but Canada only.
- ATB Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT Temporarily unfit for any form of duty.
- APB Permanently unfit for flying, fit for ground duties anywhere.
- APBH Ditto but only in Canada.
- APBP Unfit for any form of duty.

(2) ARMY—

- A. General service.
- B1 } Service abroad (not general service).
- B2 }
- C1 } Home service (Canada only).
- C2 }
- D. Temporarily unfit.
- E. Unfit for A, B, C.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category E ~~under D.P. + N.H.~~

Place Halifax Military Hosp

Date 28.7.41

Director Gen. Rec. Sec. President.
Supp. Lt. Col. R.C.N.V.R. Members.
Gen. Capt. R.C.N.V.R.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness..... Signed.....
(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place..... President.

Date..... Members.

FOR TRANSMISSION TO N.S.H.Q.

APPROVED BY
D.W. Johnston, Surg. Comdr., RCNVR
S.M.O. A.C., Halifax, N.S. D.M.O. or P.M.O.
 Date July 30. 1941
D.S. Mitchell
Surg. Lt. RCNVR

APPROVED BY

 D.G.M.S. or D.M.S., R.C.A.F.
 Date.....

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

18 September, 1941.

Sir:

The following casualty has been reported -

41

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>KIRKWOOD, Frank L.</u>	<u>Writer</u>	<u>V.23115, R.C.N.V.R.</u>
<u>DATE OF ENLISTMENT</u> -	<u>24th of September, 1940.</u>	
<u>DATE OF DISCHARGE</u> -	<u>12th of August, 1941.</u>	
<u>HOSPITAL</u> -	<u>"Psychiatric - duration doubtful, should be treated in mental hospital under D.P. & N.H. (If discharged in hospital under jurisdiction of D.P. & N.H.)"</u>	
<u>SERVICE</u> -	<u>Canada & High Seas.</u>	
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).		
Reason for discharge and when and where any disability was incurred, or where death occurred.	<u>Medically Unfit: Manic Depressive (Manic). Date of origin: Noticed approximately - middle of June. Place of origin: U. K. Cause: Unknown.</u>	

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. E. Kirkwood
ADDRESS 20285 Lakeshore Road, (Baie d'Urfe), P.Q. or 965 Dunlop Ave.,
Outremont, Montreal, P.Q.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT -

\$ NIL PAID TO NIL
MARRIAGE ALLOWANCE AT \$ NIL PER DIEM PAID TO - NIL
DEPENDENTS ALLOWANCE AT \$ NIL PAID TO NIL
TOTAL MONTHLY PAYMENT TO - WIFE \$ NIL
DEPENDENTS \$ NIL

Computed by J. J.Checked by [Signature](J. O. Cossette)
NAVAL SECRETARYThe Secretary,
The Canadian Pension Commission; (See reverse for further instructions.)

Copy to: The Secretary, D.P. & N.H.

Ottawa, Canada
194

REMARKS:

The following casualty has been reported -

NAME	RANK or GRADE	NAVAL NO.

NOTES: This form to be accompanied by documents only in cases of (a) discharge medically unfit (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

Show clearly whether death or disability occurred in Canada, or on the high seas or elsewhere outside Canada.

NAME: _____
 RELATIONSHIP: _____
 ADDRESS: _____

NOTE: If records indicate that retiree was separated from his wife, legally or otherwise, details to be furnished and copy of Court Order, the Separation Agreement, etc., to be furnished.

CHARACTER OF PAYMENT: _____
 PAID TO: _____
 MONTHLY ALLOWANCE AT: _____
 PER DIEM PAID TO: _____
 PAID TO: _____
 TOTAL MONTHLY PAYMENT TO: _____
 DEDUCTIONS: _____

Checked by: _____
 Computed by: _____
 The Secretary,
 The Canadian Pension Commission,
 (See reverse for further instructions.)
 (Close)



Sept. 18/41.

RE: Frank Kirkwood.

This patient was admitted here on July 25th, 1941.
He has now recovered from his mental illness and is in
fit condition to travel.

Diagnosis: Manic depressive psychosis, Manic type.

W. Edward Murray
W. Edward Murray, M.D.
1st Asst. Physican.

SICK BAY R.C.N. BARRACKS
H.M.C. DOCKYARD?
HALIFAX.N.S.

September

1941.

TO WHOM IT MAY CONCERN

RE: Francis L. KIRKWOOD

Next of Kin: Father,
Mr. P.R. Kirkwood
Baie D' Urfe
20285 Lakeshore Drive
Quebec.

This is to certify that we have received
from the Royal Canadian Navy the above named
in our safe custody.

W. Kirkwood
.....
Elinor Kirkwood
.....

R.E. Kirkwood
.....witnessed.



CANADA

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined..... Frank L. Kirkwood.

‡candidate for entry as..... App. 3. Writer.
and I believe him to be *in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. } He has signed
the Certificate given below in my presence.

‡Strike out if inapplicable. * Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or re- vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Variocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
19 yrs. 3 mos.	132 lbs.	5 ft. 9 1/2 ins.	Good.	37 inches (a) maximum 34 (b) minimum 35 1/2 (c) mean	right eye 6/6. left eye 6/6 colour vision Norm.	High S.I. Child. S.I. 62686.	*X-Ray APP.	Normal.	Normal.	Normal.	Normal.	Normal.	1. Defective. 2. Deficient.	Normal.

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

(Sgd) Frank L. Kirkwood.

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡Strike out if inapplicable.

Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

*which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

Vision:— R. 6/6. L. 6/6
G.V.N. (Ish).
Right Inguinal weakness, no definite
Hernia. (Sgd) W.N. Fisher, Surg. Lt. RCNVR.

IF REJECTED
insert here
UNFIT
in block letters

Dated at..... Montreal, P.Q. the 23rd of September, 19 40.

Don

(Sgd) D. R. Webster.

Examining Medical Officer

(Rank)..... Surgeon Lieutenant RCNVR.

R E G I S T E R E D

29th May, 1944.

Mrs. F.L. Kirkwood,
20285 Lakeshore Road,
Baie D'Urfe, Quebec.

Dear Mrs. Kirkwood:

I have learned with deep regret that your husband, Flying Officer Francis Lussier Kirkwood, is now for official purposes presumed to have died on Active Service Overseas on October 12th, 1943. I wish to offer you and the members of your family my sincere and heartfelt sympathy.

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

Yours sincerely,

(SGD.) C. A. S.

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

[Handwritten signature]

[Handwritten mark]

[Handwritten initials]

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..... KIRKWOOD FRANCIS LUSSIER P/O
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... R-148 396 (Airman's No)

(3) Unit..... No. 1 Y Depot, Halifax, N.S.

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

(5) If married, state,

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

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

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

(7) Are you a widower?.....

(8) Have you any children?..... Number of boys..... Girls.....

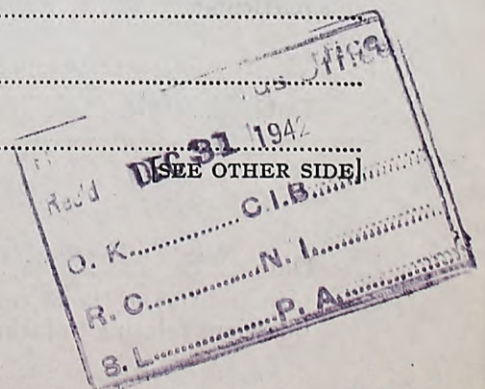
Names and ages.....

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

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

Name.....

Postal Address.....



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

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

(11) Is your father alive?..... *Yes*

If so, state name and address, occupation..... *KIRKWOOD THOS. Robert*

Baie D'Urfe, Que - Blue Prints Ltd, Montreal.

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

(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.....

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

(14) Is your mother alive?..... *KIRKWOOD Elinor Baie D'Urfe, Que.*

If so, state name and address..... *Yes*

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

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

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?.....

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

If so, state the following particulars:—

Relationship

Full Name

Postal Address

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

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

If so, in what Company?.....

(Give number of policy)

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

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

F. J. Kirkwood
.....
(Signature of officer or man)

Date..... *Nov 26, 1942*

R. Anderson
.....
for Officer Commanding *no 1 y depot R. 6 a 2*

Date *26-11-42*

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.

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 7972

This is to Certify that

J20919 FLYING OFFICER FRANCIS LUSSIER KIRKWOOD R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 12TH day
of OCTOBER, 1943, and that, full inquiries having been
made, no information has been received which would indicate that he may be still alive.
For official purposes, therefore, he is presumed to have died on or since the above
mentioned date.

Dated at Ottawa, Canada, this 9TH day of JUNE 1944



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



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

WILL

571

R.C.A.F. R. 60
50M-8-40 (8098)
H.Q. 1002-3-45

(1) I, Francis Lussier Kirkwood of the City of Baie D'Urfe in the County District of Quebec Province of Quebec (Civil Occupation)

Last Permanent Civilian Address

a member of the Royal Canadian Air Force, Number J-20918 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 Betty Nause Kirkwood all my estate
Address:- Mrs. F. L. Kirkwood
26 E Brington Street,
Plymouth, Devon.
England.

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 Mary Kirkwood Baie D'Urfe, Que Canada to be the Executor Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 29th day of March 1943.

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.

F. L. Kirkwood
(Signature of Testator)

First Witness sign here.

(5) David F/S CAN. RT4197
No. 3 P.R.C. Bournemouth
Airmen

Second Witness sign here.

J. Alison. a.c.2. 1655698
No. 3.P.C. Bournemouth
Airmen

R.C.A.F. Records Office
Rec'd APR 14 1943
O. K. G.I.B.
N. I.
P. A.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—
 - "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....\$.00 and
my household goods and effects",
 - "my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.\$.00",
 - "my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....\$.00",
 - "my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....\$.00",and any personal gift, if desired.
- (3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.
- (4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.
- (5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.
When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J20918** (~~R146396~~) RANK **Flying Officer**

UNIT **54 O.T.U.**
OVERSEAS

TRADE **NAVIGATOR (G.L.)**

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

NAME **KIRKWOOD, FRANCIS LUSSIER**

MARITAL STATUS **MARRIED**

RELIGION **R.C.**

CANADIAN **YES**

FRENCH CANADIAN

OTHER

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

MRS. B.N. KIRKWOOD (WIFE)

ADDRESS **20285 LAKESHORE ROAD,
BAIE D'URFE, QUEBEC.**

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

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

MRS. B.N. KIRKWOOD (WIFE)
ADDRESS **26 EBRINGTON ST, (NOW RESIDING AT)
PLYMOUTH, ENGLAND. (ABOVE ADDRESS)**

ALSO: **MRS. E. KIRKWOOD (MOTHER)**
**20285 LAKE SHORE ROAD,
BAIE D'URFE, QUEBEC.**

FATHER'S NAME

ADDRESS

MR. & MRS. THOMAS ROBERT KIRKWOOD
20285 LAKE SHORE ROAD,

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

ADDRESS

**BAIE D'URFE,
QUEBEC.**

LIVING ON ENLISTMENT **YES**

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? ~~YES~~ **YES**

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. **BEMBER MAIL LETTER-----d-25-APRIL-44**

**PREVIOUSLY REPORTED "MISSING" 12-OCT-43 (AFTER AIR OPERATION (OVERSEAS)
(NEAR EYEMOUTH BERWICKSHIRE, SCOTLAND)**

NOW "PRESUMED DEAD" 12-OCT-43 FOR OFFICIAL PURPOSES.



LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? ~~YES~~ **NO (2)**

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? ~~YES~~ **NO**

DATE **7-JUNE-44**

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

Admiral Bushnell

FOR CHIEF OF THE AIR STAFF

Mrs. B. N. Kirkwood,
20285 Lakeshore Road,
Baie D'Urfe, Que.

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. J.20918-FD 129

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 30, 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

KIRKWOOD, Francis Lussier, F/O

J.20918 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.

W. Swanton
Administrator of Estates.

CYS/CF

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.....	Betty Hance Hirkwood.	20.	20285 Lakeshore RD. Baie D'Urf, Que.
		Francis Thomas Hirkwood Date of Birth. Dec 30th/43.		20285 Lakeshore RD. Baie D'Urf, Que.
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Thomas Robert Hirkwood	54.	20285 Lakeshore RD. Baie D'Urf, Que.
4	Mother of the Deceased.....	Eleanor Teresa Hirkwood	56.	20285 Lakeshore RD. Baie D'Urf, Que.
5	Brothers of the Deceased	Full Blood	Thomas Andrews Hirkwood. (died age 18) Oct 22ND 1940.	
		Half Blood		
6	Sisters of the Deceased	Full Blood	Rosemary Eleanor Hirkwood 25. Sheila Josephine Hirkwood 17	20285 Lakeshore RD. Baie D'Urf, Que. 20285 Lakeshore RD. Baie D'Urf, Que.
		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	
	Thomas Andrews Hirkwood	NONE		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>Francis Lussier Hishwood.</i>
9	Date of his birth.	<i>December 21st 1920.</i>
10	Place and date of his marriage.	<i>Plymouth, Devon, England. January 20th 1948.</i>
11	Place and date of his parents' marriage.	<i>May 23rd 1917 Collingwood, Ontario</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Montreal, Que</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>Quebec</i> (b) <i>Canada</i> (c) (d)
14	Nature of employment before enlistment.	<i>Freight Clerk</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>NO.</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>Canada.</i>

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<i>NO</i>
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?	<i>NO.</i>
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?	<i>NO</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>NONE.</i>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>NONE.</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>—————</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	<i>NONE</i>

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.	<i>NO.</i>
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.	<i>NO.</i>

(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)

nil.

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.

Betty Frances Kirkwood
866 St-James St. W.
Montreal, Que.

{Signature of Informant
Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Betty Frances Kirkwood

..... { 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 Montreal this 21st day of July 1934

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

J. J. Pelletier Qualification Notary
Address 866 St-James St. W.

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

R.C.A.F. 4388
 (FORM 1)
 MAY 1944
 (REVISED)
 (1 OF 2)

OUTFIT ALLOWANCE PAID

WARRANT OFFICERS \$ ON

OFFICERS \$ ON

\$ ON

MARRIED or SINGLE *M*

APPOINTED or ENLISTED

AT ON *9/1/42*

RECORD OF PAY

NET RATE OF DEFERRED PAY \$ *Nil*

BANKING ARRANGEMENTS

No. *2208* NAME IN FULL

Montreal
Francis L.
KIRKWOOD

RATE OF PAY										ASSIGNMENTS			DEPENDENTS ALLOWANCE				REMARKS		
D.R.O. No.	EFF. DATE	RANK	GRAD.	P.F. OR A.S. RATE	DAILY RATE	ADD. PAY	COMBINED RATE	PEN. DED.	NET FORTNIGHTLY RATE OF PAY	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.
212	1/10/42	PL	AS	605	605		NA	22-10-3	120.15		<i>Staff</i>		1000.00						697025
212	9/1/42	PL	AS	700	700		NA	140.15			<i>Staff</i>		1000.00						

PAY AND ALLOWANCES							DEFERRED PAY							
DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS	DEBIT	CREDIT	BALANCE
	BROUGHT FORWARD				1-20	BROUGHT FORWARD		4.09	4.09	1-20	BROUGHT FORWARD			
1-25	May pay		173.75		1-25	July pay		173.75	173.75	1-25	June pay		173.75	173.75
	May RIF	55.00			2-5	July RIF	88.00		88.00	2-5	July Bal at 31/7/42		13.71	13.71
	May deposit	100.58			2-5	July deposit	100.58		100.58	2-5	MAR 1944 Interest		10.00	10.00
2-5	June pay		157.50		2-5	Aug pay		193.75	193.75	2-5	Aug Balance		36.00	36.00
	June RIF	95.00			2-5	Aug RIF	88.00		115.00	2-5	R.P.E.		13.71	13.71
	June deposit	100.58			2-5	Aug deposit	100.58		114.43	2-5			36.00	36.00
				4.09	1-9	Sept pay		177.50	201.93					
						Sept RIF	88.00		113.93					
					2-5	Sept deposit	100.58		13.35					
					2-5	Oct pay		193.75	127.10					
					2-5	Oct RIF	55.00		112.10					
					2-5	Bank pay a/c to Montreal		127.10	239.20					
					2-5	Bal amount to Montreal	239.20		239.20					
						Nov			239.20					
					2-5	1/29-1/31/42 Oct/Nov Bank deposit	252.56		1.46					
						JAN 1/206-23164 - 2 cycle Exp. Lang								
						- BATTERIES	1.21		1.21					
					June 3-11-2213	Bank Bal.		383.15	380.48					
					16-13-144-152	Trans Bill	5.83		374.65					
						Trans Bill	31.76		342.89					
						Aug Balance	342.89		0					
						CARRIED FORWARD		634.25	634.25					
						CARRIED FORWARD		342.89	342.89					

342.89
 36
 343.25
 - Bk. Montreal

R.C.A.
OVERSEAS HEADQUARTERS



AUG 18

J20918 (DPC)

Ontario.
May 27th, 1952.

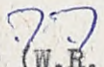
Mrs. Betty Stock,
8464 Querbes Ave.,
Montreal, P.Q.

Dear Mrs. Stock:

It is with reluctance that after so long an interval, I must refer to the loss of your former husband, Flying Officer Francis Lussier Kirkwood, but due to the lack of any information concerning him since he was reported missing, it must be regretfully accepted and officially recorded that he does not have a "known" grave.

Due to the extreme hazards attending air operations there are, unhappily many thousands of British aircrew boys who do not have "known" graves and all will be commemorated on General Memorials that will be erected at a number of locations by the Imperial War Graves Commission (of which Canada is a member), each Memorial representative of a theatre of operations. One of these Memorials will be erected at Runnymede, England, and the name of your former husband will appear on that Memorial.

Yours sincerely,


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

DECLARATION

I.....*J. J. Kirkwood*..... 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.....

Signature.....

J. J. Kirkwood

Date...*Nov. 26, 1942*.....

Place...*No. 1. Y. Depot Halifax N.S.*

DEC 31 1942
O. K..... C.I.B.....
R. C..... N. I.....
S. L..... P. A.....

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 Francis Lussier (b) Reg'l. No. P/O
 2. (a) Arm of service RCMP (b) Unit 1103 / Det (c) Rank P/O
 3. (a) Date of birth Dec 21, 1920 (b) Have you any dependents? No (c) Place of residence at time of enlistment Rue P. Vase, Qc
 4. (a) Place of enlistment Montreal (b) Date of enlistment Jan 13, 1942

Section B—EDUCATION AND TRAINING

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

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? —

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 C.N.R. Address Montreal
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
 20. (a) Your specific occupation — (b) Number of years' experience at this occupation with any employer —
 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? No (c) Do you wish to return to your former employment? Yes

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

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

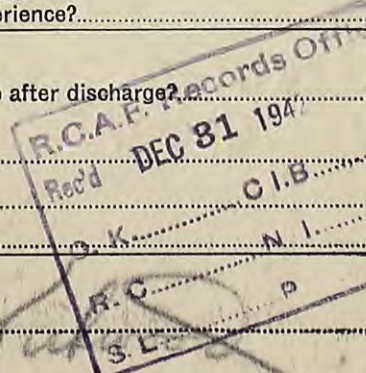
Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? —
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form —

DATE Nov 26 1942 SIGNATURE F. Lussier



R.C.A.F. Special Reserve

Pilot or Observer (Std)

CANADA B.C.A.T.P.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R148396
A.F. No.

KIRKWOOD
Surname

FRANCIS LOSSIER
Christian Names

R. C.
Religion

21-12-20 Place Montreal Que Country Canada Citizen of Canada Racial Origin Canadian

PARTICULARS OF FAMILY

M. S. B. 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)

Ellen Kirkwood (mother)
20285 Lake Shore Road
Baird, wife one.

CIVIL EDUCATION

High School Entrance Jr. Mat. Sr. Mat. 1 yr.
Technical School Business Courses 6 mos.
University

CIVIL OCCUPATIONS AND EXPERIENCE

clerk 1938-38
Junior (clerk + stenographer)
1939-42

PREVIOUS SERVICE

None

ENLISTMENT

Date 14-1-42
At Montreal
Term duration

Med. Cat.

DATE

Med. Cat.

DATE

A1B
A3B 13 1 42

RANK

AUTH.

DATE

TRADE

AUTH.

DATE

TRADE TESTS AND COURSES

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE	GP	%	P or F	DATE
AC 2	DRO	14 1 42	Poc U		14 1 42	Poc U	5		P	13 1 42
LAC	DRO	18 7 42	Demust. Aircrew	F.T.S.	1 7 42	Demust. Aircrew				1 7 42
T/Sgt (Pd)	DRO	6 11 42	Demust. Air Navigator		18 7 42	Demust. Air Navigator				18 7 42
			Air Navigator Special			Air Navigator Special				6 11 42

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
7-11-42	21-11-42	DRO 162 (pre-embarkation)				Awarded Air Observers badge	DRO 162 6-11-42

194

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOR 13	B/c 2nd Que	#5 Lachine	14-1-42				
		Que					
PRO 12/42	T.O.S. #5 M.D	LACHINE QUE	14-1-42				
V.P.O. 123/4	S.M.A.	3. I.T.S.	23-5-42				
MRO 174/42	139 T.A.	8 A.O.S.					
	Victoriaville, P.Q.	Ancienne					
		Lorette, P.Q.	18-7-42				
SRO 162/42	# 8 AOS	# 1 Y Depot	20-11-42				
	Ancienne Lorette	Halifax					

Finger Printed
Date 14-1-42
Initials P.K.

148396 LAC. Kirkwood, F.L.

PART II (For Air Navigators)

1. No. ⁸ Air Observers' School. Course No. 55 From 20-7-42 To 6-11-42

2. Flying Time

Aircraft	Day		Night		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.		
Anson	36.25	30.25	25.30	11.40	----	104.00
.....
.....

3. Examinations and Proficiency:

	Marks		
	Maximum	Obtained	
Navigation (Air Work).....	700	532	Navigation
Photography (Air Work).....	100	89	Outstanding ability as a navigator. Very neat and methodical in his work, and very persistent in obtaining desired results. With further astro training should become very proficient. Astro not up to standard due to weather conditions.
Elements of Navigation.....	500	393	
Magnetism and Compasses.....	100	80	
Instruments.....	50	37	
Signals (Practical).....	100	100	
Signals (Written).....	50	34	
Maps and Charts.....	50	35	
Meteorology.....	100	65	
Photography.....	50	45	
Reconnaissance.....	100	91	
Aircraft Recognition.....	100	79	General
.....	Outstanding appearance, very polite and well disciplined. Well liked by his fellow students. No difficulty in learning any subjects.
Totals.....	2000	1580	
Position in Class	3	Percentage	79.0 %
No. in Class	21	Pass	16
Assessment as Air Navigator.....	Above Average		
As Instructor.....	Suitable	Unsuitable	Recommended for Commission
Commission Rank.....	Suitable	Unsuitable	
Character and Leadership.....	Maximum 1000	Obtained 775	

Awarded Air Observers Badge 6-11-42 until Air Navigator's Badge available.

[Signature]
CHIEF INSTRUCTOR

No. ⁸ A.O.S. Date 6-11-42

RECOMMENDED FOR:

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

ALTITUDE TOLERANCE TEST. DATE 26-11-42

		Symptoms
No. of 2 hrs.	1.	nil on..... <u>2</u> runs
tests at	2.	mild on..... ".....
35,000 feet	<u>3.</u>	moderate on..... <u>1</u> ".....
		severe on..... ".....

13. ~~120~~ FTC
R. 0/5

CANADA

B.C.A.T.P.

R.C.A.F. T.81 (Revised)
25M-10-41 (974)
H.Q. 1062-13-58

*Assumed Dead
12-10-43*

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR ~~OBSERVERS~~ Navigators.

AIR AND GROUND TRAINING

SURNAME Kirkwood, Christian Names F.L.
 Number R148396 Rank L.A.C. P/O

INSTRUCTIONS

Instructions regarding Form T.81 are given in A.F.A.O. A.51/22, paras. 5, 10, 11, and 15. CROSS OUT WORDS NOT APPLICABLE.

PART I

1. No. 3 INITIAL TRAINING SCHOOL. COURSE No. 54 FROM 25-5-42.
 To 17-7-42.

2. EXAMINATION RESULTS.

SUBJECT	MARKS		REMARKS
	Maximum	Obtained	
Mathematics.....	150	150	Good educational background. Good service. Intelligent. Mature for age. Quick, ready, alert. Likeable personality. Excellent air crew material. Character and Leadership: 144 Alternative recommendation: Air Bomber.
Armament.....	50	48	
Signals.....	150	150	
Navigation.....	150	141	
Visual Link Trainer.....			
Airmanship, Theory of Flight and Engines.....	100	97	
Drill.....	100	94	
Law and Discipline, etc.....	100	100	
Hygiene and Sanitation Meteorology	50	44	
A/C Recognition.....	100	95	
Anti-Gas.....	50	49	
TOTAL.....	1000	968	
Position in Class	4	Percentage 97 %	
No. in Class	99	PASS FAIL	

AP

[Signature]
 Commanding Officer

To BE PASSED TO # 8A.O.S.

No. 3I.T.S.

DATE 18-7-42.

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

M&P
4
AIR
A-13657

DECEASED
MEMBER'S
NAME

Francis L.
(CHRISTIAN NAMES)

Kirkwood
(SURNAME)

REGISTER NO.

20858

PAYEE

Mrs. Betty N. Kirkwood,
20285 Lakeshore Road,
Baie D'Urfe, Que.

FILE NO.

26 July/45

DATE

ADDRESS

SERVICE NO.

J20918

FINAL RANK OR RATING

F/O

DATE OF TERMINATION OF OVERSEAS SERVICE

12 Oct/43

DATE OF DISCHARGE

12 Oct/43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 941 EQUAL TO 31 COMPLETE PERIODS AT \$7.50

\$ 232.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 481 LESS 11 INELIGIBLE DAYS, EQUAL TO 470 DAYS @ 25C. PER DAY

117.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

NAVY

1.95

1.45

DAILY RATES AT DISCHARGE

RCAP

PAY \$ 7.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.70 8 1945
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 61.12 \$ 2.03

3.40

TOTAL \$ 10.73 X 7 = \$ 75.11

NO. OF DAYS 306 X \$ 75.11

125.59

175 days @ 3.40 - 22.76

32.76

D. WAR SERVICE GRATUITY

498.35

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

498.35

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ 61.12 OF \$ 498.35 = \$ 498.35

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ 61.12

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY
TMCG

CHECKED BY
RT

TREASURY
CHECKED BY
W. S. Scott
DATE
19 7 45

[Signature]
F/O

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA, - CANADA.
Rec'd. JUL 27 1945
P. & A. SECTION

MEDICAL HISTORY OF

SURNAME Kirkwood CHRISTIAN NAMES Francis, Lussier

TABLE I—General

Recruiting Centre: Montreal, PQ
 Date Jan 13th 1942. Age 21 yrs.
 Former Occupation: Stenographer
 Height 5' ft. 9 1/4" ins. Weight 136 lbs.

Identification Marks: Vacc. mark left thigh

Scar on Rt elbow flexum
 Past Illnesses, Operations, Injuries:

Measles
Mumps

Colour Vision N. Test Ish

Vision—without glasses—Rt. 20/20
 —Lt. 20/20
 —with glasses —Rt. 20/
 —Lt. 20/ NA

Condition of Mouth and Teeth: Good

Blood Pressure: S 118 D 72

Urine — negative

Abnormalities:

Remarks by Medical Examiner:

Fit for Air Crew

Category:

A1B A3B

Signature of M.O. [Signature]

Rank P/O

X-Ray of Chest: 105435 Neg

Date 13-1-1942 M.O. [Signature]

SEROLOGICAL TEST FOR V.D.S. INTERNATIONAL BLOOD GROUP

Test Neg O A B AB

Date 28-1-42 M.O. [Signature]

*Note:

- O = Moss IV: Jansky I: Univ. Donor
- A = Moss II: Jansky II
- B = Moss III: Jansky III
- AB = Moss I: Jansky IV: Univ. Recipient

TABLE II

Consultations
 Medical Boards
 Courts of Inquiry
 Surgical Appliances
 Flying Accidents

Re-check Medical Examinations
 X-ray of Chest
 Sick Leave
 Issue of Glasses
 Corrective Lens Goggles

DATE BRIEF DETAILS AND SIGNATURES

22-5-42 S.O.S. #5911. Cat A BA3B. VS.
6-11-42 Fit for overseas duty RB

Montreal - 14-1-42

CONFIDENTIAL

R.C.A.F. Special **No. 3** MEDICAL SELECTION BOARD

No. 3 INITIAL TRAINING

R.C.A.F. M. 2
300M-C.A. 187
H.Q. 1062-10-2
VICTORIAVILLE, P. Q.

P-1 x 8396

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at MONTREAL P.Q. Date Jan. 13th 1942

Surname..... KIRKWOOD Chr. Names..... Francis Lussier
Nature of Commission..... M2-1 Date of Birth..... 21-12-20 Married or Single..... single
Branch..... Gen. List Hours Flown..... none
Address..... 20285 Lake Shore Rd., Baie d'Urfe, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown..... NO
Severe or "Sick" Headaches, Migraine..... NO
Fits or Convulsions of any kind..... NO
Sun or Heat Stroke..... NO
Head Injury or Concussion (including "knock-out")..... K.P. football momentarily 1934
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 Scarletina..... 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..... NO
Colour or Night Blindness..... NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... NO
Deafness, Noises in the Ears, or Dizziness..... NO
Frequent Colds in Head, Catarrh or Obstruction..... NO
Prolonged Hoarseness or Loss of Voice..... NO
Sea, Car or Train Sickness..... NO
Discomfort on Swings, Roundabouts, Switchbacks..... NO
- (ix) OPERATIONS..... NO
- (x) Any illness or Injury not mentioned above..... measles, mumps childhood

Education..... 1 yr. College

Present Occupation..... Stenographer Hobbies..... portrait Art., designer, modeller

Previous Service..... none

Athletics..... golf, hockey, football, baseball

Habits—Smoking..... 4 cigs per d. Alcohol..... NO

FAMILY HISTORY—Consumption..... NO Diabetes..... NO Haemophilia..... NO

Nervous Ailments, Mental Trouble, or "Fits"..... NO

Father Alive—Health..... GOOD Dead—Cause.....

Mother Alive—Health..... GOOD Dead—Cause.....

Brothers (1.) Alive—Health..... (1.) Dead—Cause..... drowned in R.C.N. (War casualty)

Sisters (2.) Alive—Health..... GOOD 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..... 13-1-42 Signature..... Frank F. Kirkwood Witness..... [Signature]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique..... athletic..... (b) Mentality..... bright.....
 Body Marks, Scars, Deformities..... vacc. scar front left thigh scar across rt. elbow.....
 Size of Thyroid Gland..... normal.....
 Surgical Abnormalities..... nil.....
 Results of Wounds, Injuries, Operations..... nil.....

	Date. 13-1-42	#328B Date. 26-5-42	Date.....	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	69 1/2	69 3/4		Date.....
Weight (lbs.).....	136	142		
Chest Circumference (ins.).....	34-1 1/2	43 1/2		
Body Build (lbs.).....	-10			
LEG LENGTH (ins.).....	41	42		
Pulse Rate { Sitting.....	72	72		
Standing 1st.....	90			
Standing 2nd.....	72			
After Exercise.....	102			
Time to Normal.....	20 sec.			
Arterial Walls.....	soft	N		Date.....
Blood Pressure { Systolic.....	118	120		
Diastolic.....	72	80		
Room Temperature.....	70	65		
Heart { Size (in cms.).....	N	N		Date.....
Sounds.....	NORMAL	N		
Rhythm.....	REG.	N		
Lungs { Inspection.....	N	N		Date.....
Palpation.....	N	N		
Percussion.....	N	N		
Auscultation.....	N	N		
Expiratory Force.....	110	N		
X-Ray.....	neg			
Reflexes { Knee.....	N	N		Date.....
Ankle.....	N	N		
Triceps.....	N	N		
Abdominal.....	N	N		
Plantar.....	N	N		
Cranial Nerves.....	N	N		
Balancing Rod.....	R. L.	R. L.	R. L.	
Self Balancing.....	R. L.	R. L.	R. L.	
Tremors { Fingers.....	ls. ls.			Date.....
Eyelids.....	nil			
Abdomen { Liver.....	not palp	N		Date.....
Spleen.....	not palp	N		
Muscular Tone.....	v. good	good		
Urine { Albumen.....	NEG.	neg		Date.....
Sugar.....	NEG.	neg		
Initials of M.O.	hgt	pt		

40 mm. Hg. Test..... 497
 Date..... 65..... 6/677, 776, 677, 887, 7
 Date..... N. N. a.
 Date.....
 Date.....

L. R. P. H.

EYE EXAMINATION

History..... nil

Visual Acuity { R. 20/20, $\overline{c} 2.50D = 20/200$ 20/15 ; $\overline{c} 2.5$ blur
 L. 20/20, $\overline{c} 2.50D = 20/200$ 20/15

Colour Vision N. Ish. N (Fsh)
 M.R. ORTHO. Ortho (M.R.)

Diaphragm Test (P.D. = 58 cms, 4/5 at 5 61 crowl @ 9

Convergence { C. = 7 cms. 6
 S. C. = rt. 10.5 cms. 10

Accommodation { R. 10 cms. bl. 8
 L. 8

Cover Test Exo. both eyes R.R. *Cl. lat. dir. R.R.*

Fundi and Media N N

Fields N N

REMARKS: A1B A3B 17.3 RRB.

Initials of M.O. *DH* Initials of M.O. *A. G. S.* Initials of M.O.
 Date 13-1-42 Date 26/5/42 Date

EXAMINATION OF EAR, NOSE AND THROAT

History..... nil

Hearing	R. Ear	w.v. 20	w.v. 20'
	L. Ear	w.v. 20	w.v. 20'
External Ear, Meatus Membranes	R. Ear	N	n
	L. Ear	N	n
Middle Ear, Eustachian Tubes	R. Ear	PAT	n
	L. Ear	PAT	n
Cochlear Apparatus	R. Ear		
	L. Ear		
Vestibular Apparatus	R. Ear		
	L. Ear		
Buccal Cavity		clean	healthy
Teeth		healthy	teeth
Gums		healthy	healthy
Pharynx		healthy	Tonsils present
Nasopharynx		not seen	n
Nose		clear	slight l.t. turbinate 60% lobate
Larynx		not seen	n

REMARKS: nil

Initials of M.O. *DH* Initials of M.O. *PA* Initials of M.O.
 Date 13-1-42 Date 27-5-42 Date

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

13-1-42

Excellent type of applicant. He performs all his tests well. He is physically sound and temperamentally suited for pilot or Observer very co-operative. Should do well.

fit Cat. A1B A3B

fit for Pilot

D. H. H. H.

ALTITUDE TOLERANCE TEST.		DATE <i>26-11-42</i>
		Symptoms
No. of 2 hrs. tests at 35,000 feet	1.	nil on <i>2</i> runs
	2.	mild on..... "
	3.	moderate on <i>1</i> "
		severe on..... "

#3 M.S.B. 26-5-42

I certify upon my honour that I have suffered no injury or disability since my last examination.

FAMILY: *neg*
 EDUCATION *1 yr. Arts*
 MOTIVATION *OP @ O*

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

INTELLIGENCE *average*

EMOTIONAL STABILITY *good.*

GENERAL ADJUSTMENT *good.*

COMMENTS *Good, steady type, pleasant look, not a brilliant fellow but should be good air crew material. Profusely fit.*

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

FIT * | Date *26-5-42*

PILOT
OBSERVER
W/OPERATOR
A/GUNNER

E.E.G. *36*

E.C.G.

L.P.C. *2*

Night visual acuity quality: *A*

Score: *15*

M.O. *J. McDonald*

A1B		N.V.C. <i>15</i>
A3B	Turret	N.V.C. <i>15</i>
A3B		N.V.C. <i>15</i>
A3B	Vision	
A3B	Radio	
Sig:		<i>[Signature]</i>
Date		<i>27/5/42</i>

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J20918 (R144396)** RANK **Flying Officer**

UNIT **54 O.T.U. OVERSEAS**

TRADE **NAVIGATOR (G.L.)**

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

NAME **KIRKWOOD, FRANCIS LUSSIER**

MARITAL STATUS **MARRIED**

RELIGION **R.C.**

CANADIAN **YES**

FRENCH CANADIAN

OTHER

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

MRS. B.N. KIRKWOOD (WIFE)

ADDRESS **20285 LAKESHORE ROAD,
BAIE D'URFE, QUEBEC.**

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

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

**MRS. B.N. KIRKWOOD (WIFE)
26 BRINGTON ST. (NOW RESIDING AT)
PLYMOUTH, ENGLAND. (ABOVE ADDRESS)**

**ALSO: MRS. E. KIRKWOOD (MOTHER)
20285 LAKE SHORE ROAD,
BAIE D'URFE, QUEBEC.**

FATHER'S NAME

ADDRESS **MR. & MRS. THOMAS ROBERT KIRKWOOD
20285 LAKE SHORE ROAD,**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

ADDRESS **BAIE D'URFE,
QUEBEC.**

LIVING ON ENLISTMENT **YES**

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

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. **MEMBER MAIL LETTER-----d-26-APRIL-44**

**PREVIOUSLY REPORTED "MISSING" 12-OCT-43 (AFTER AIR OPERATION (OVERSEAS)
(NEAR BYEMOUTH BERWICKSHIRE, SCOTLAND)**

NOW "PRESUMED DEAD" 12-OCT-43 FOR OFFICIAL PURPOSES.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO **(2)** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO **NO**

DATE **7-JUNE-44**

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

Wm Bushnell

FOR CHIEF OF THE AIR STAFF

R.C.A.F. Special Reserve

Aircrew Pilot or

AIR FORCE No. R. 148396 POSTED TO #5 M.D. Lachine, P.Q. TRADE Observer Std

ROYAL CANADIAN AIR FORCE (ATTESTATION PAPER)

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

1. Surname KIRKWOOD FULL Christian Names Francis Lussier
 2. Present Address 20285 Lake Shore Road, Baie D'Urfe, Que. Telephone St. Anne's Exchange 898
 3. Permanent Address 20285 Lake Shore Road, Baie D'Urfe, Que.
 4. Place of Birth Montreal, Que. Citizenship Canadian
 5. Date of Birth December 21st, 1920 Married, Single, Widower, Separated, Divorced Single
 6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.A.			

7. Occupation Stenographer 8. Religion Roman Catholic
State denomination
 9. Languages English Fluently French Fair
State proficiency
 10. Next of Kin (Full Name) Ellen Kirkwood Relationship Mother
 " Address 20285 Lake Shore Road, Baie D'Urfe, Que.
 11. Father (Full Name) Thomas Kirkwood Birthplace Sudbury, Ontario
 " Address 20285 Lake Shore Road, Baie D'Urfe, Que. Citizenship Canadian
 " Occupation Printing Sales Manager
 12. Mother (Full Maiden Name) Ellen Andrews Birthplace Collingwood, Ont.
 " Address 20285 Lake Shore Road, Baie D'Urfe, Que. Citizenship Canadian

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

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
None						

R.C.A.F. Records Office

Rec'd. JAN 17 1942

O. KIRKWOOD

R. C. ... N. I. ...

S. L. ... P. A. ...

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

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	St. Joseph's Public School Town of Mount Royal, Que.	1926	1933 1933	Primary
High School—Collegiate Institute, etc.....	D'Arcy McGee High School, Montreal, Que.	1933	1937	High School Subjects
Technical School.....	Strathcona Academy, Montreal, Que.	1937	1938	Arts Course
University or School other than above.....				
Correspondence Courses, etc.....	Private Teacher	1938	1939	6 Mos. Business course

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Henry Morgan & Co. Montreal	Junior Clerk	Nov. 1938	Dec. 1938	Temporary Position
Canadian National Rlys Montreal, Que.	Junior Clerk & Steno- grapher	1939	1941	Still employed

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Hobby Drafting & Architectural
interests

25. Sports engaged in. State: extensively, moderately, occasionally..... Hockey, football & golf
extensively

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

If for Ground Duties, state Air Force trade in which you wish to enlist... Pilot or Observer
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. J. Higgins 14-1-42	Construction Dept. C.N.R. 355 McGill St., Montreal	Asst. Chief Engineer
A. D. Ferguson 14-1-42	Construction Dept., C.N.R. 355 McGill St., Montreal 407	Construction Engineer
H. F. Walker	Bonaventure Freight Office C.N.R., Montreal, Que.	Freight Agent
Squadron Ldr. G. C. Ireland	Jackson Bldg., Ottawa	Administrative

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 January 8th 1942

Signature *Frank L. Hirkwood, R.A.F.*
F. Hirkwood

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. 82/70 [Signature]

FOR OFFICIAL USE ONLY

JAN 14 1942

(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, Francis Lussier Kirkwood 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 January 14th 19 42 Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date January 14th 19 42 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 Montreal, P.Q. this 14th day of January 19 42

13 Recruiting Centre, RCAF

[Signature] Rank Montreal, P.Q. Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Finger Printed
Date 1-1-42
Initials A.B.

Part 1. Information obtained from the applicant—

1. Age 21 2. Have you ever suffered from any of the following defects in health?
- (a) Rheumatism..... no
 - (b) Tuberculosis..... no
 - (c) Bronchitis or Asthma..... no
 - (d) Heart Disease..... no
 - (e) Kidney or Bladder Disease..... no
 - (f) Gastro-intestinal..... no
 - (g) Rupture..... no
 - (h) Varicose Veins..... no
 - (i) Flat or Deformed Feet..... no
 - (j) Nasal Trouble..... no
 - (k) Ear Disease..... no
 - (l) Eye Disease..... no
 - (m) Epilepsy..... no
 - (n) Nervous or Mental Disease..... no
 - (o) Syphilis..... no
 - (p) Gonorrhoea..... no
 - (q) Bone Fracture..... no
 - (r) Other Disease or Defect.....
3. Have you ever worn glasses? no

Frank F. Kirkwood
Signature of Applicant

4. Have you had any illness for more than one week's duration? Examiner's Remarks re above y

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)..... Vacc. scar front-left. back. Scar across flexure rt. elbow
2. Height 5 feet 9 1/2 inches. 3. Weight 136 pounds.
4. Complexion Med 5. Color of Eyes Blue Hair Fair
6. Development { Good Fair Poor } 7. Chest Measurement—Full expiration 34 inches Range of expansion 1 1/2 inches
8. Hearing—Right WVR0 Left WVR0 Tympana—Right N Left N
9. Vision—Without glasses—Right 20/20 With glasses—Right Left 20/20 Left NA
10. Condition of mouth and teeth..... good
11. Urine—Albumen. negative Sugar. negative
12. Abnormalities (Congenital and Pathological) found on Examination.....

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.B
A.B

Any special remarks of the Medical Officers.....
As per question by Tex. Pulse Rate Test well
13-1-42 X-ray 105435 Neg

- Part 2 Cont.
- 13. Reflexes N
 - 14. Heart N
 - 15. Lungs N
 - 16. Blood Pressure S.D. 118/72
 - 17. Colour Vision N. Jsh

Date Jan 13th 1942
President Member

Member

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county OVERSEAS (SCOTLAND)		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township	
2. LENGTH OF STAY		(a) In hospital or institution		(b) In municipality where death occurred		(c) In Province	
3. NAME OF DECEASED		Surname..... KIRKWOOD (Block letters)		Given names..... FRANCIS LUSSIER		Do not write in this space	
4. RESIDENCE	Street..... Lake Shore Road		No. 20285		Hospital or Institution		
	Official name of civil municipality or township..... Baie D'Urfe		Municipal county.....		Province..... Quebec		
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)				
Male	Canadian		Married				
9. If married give name of wife or husband of deceased							
10. BIRTHPLACE (Province or Country)		Quebec					
11. DATE OF BIRTH		December		21st		1920	
12. AGE OF DECEASED		Years	Months	Days	If less than one day old		
22				 hrs. or min.		
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Navigator				
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		R.C.A.F.				
15. Date deceased last worked at this occupation		Oct. 12/43		16. Total years spent in this occupation		Two	
17. NAME			18. BIRTHPLACE (Province or Country)				
FATHER	Kirkwood, Thomas		Ontario				
MOTHER (Maiden Name)	Andrews, Ellen		Ontario				
19. Place of burial, cremation or removal							
20. Date of burial.....19.....							
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....						
	(b) Civil municipality of.....						
	(c) Municipal county.....						
	(d) Date.....19.....						
(Month)		(Day)		(Year)			
22. Date of death..... October 12th 19 43							
(Month)		(Day)		(Year)			
23. I HEREBY CERTIFY that I attended deceased from							
..... 19..... to..... 19.....							
and last saw h..... alive on..... 19.....							
24. CAUSE OF DEATH							
I							
Immediate cause							
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.							
(a) Previously reported missing after air operations, now for official purposes, presumed dead.							
(b)..... due to							
(c).....							
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).							
II							
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.							
III							
If a communicable disease is mentioned on this certificate, give							
(a) Date of appearance..... 19.....							
(b) Duration of disease..... days							
25. If a woman, was there a puerperal condition?.....							
26. Was there a surgical operation?..... Date of..... 19.....							
State findings..... Was there an autopsy?.....							
27. If death was due to external causes (violence) fill in also the following:—							
Accident, suicide or homicide..... Accident Date..... Oct. 12th 19 43							
(State which)							
Manner of injury..... Presumed killed during air operations							
(How sustained)							
Nature of injury.....							
Specify whether injury occurred in public place							
industry, in home, or in public place.....							
Signed..... M.D.							
Address..... Date..... 19.....							
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)							
R. I. Allan F. H.							
For (R.C.A.F. Records Officer)							
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.							
This signature authorizes the collector to accept this form as authentic.							
(Voir l'autre côté pour le français)							

H. H.

AIR FORCE No. **R148396**

KIRKWOOD, FRANCIS LUSSIER
 SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal
 DATE: 14-1-42

C.R. FILE NUMBER 81

J.20918

OFFICER RECORD OF SERVICE AIRMEN

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

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.				4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.	
																TRADE PROFICIENCY
T.O.S.	5 M.D. Lacine	14 1 42	5 M.D. 12	WG 2	14 1 42	5 M.D. 12	Por O.	S.	14 1 42	5 M.D. 12	7/11/42	2/11/42	14	Per memo of 8/20/42	8/20/42	
SOS	5 M.D. Lacine	23 5 42	5 M.D. 23				3018									
T.O.S.	3175 Victoriasville	24 5 42	37 8 126	PAC	18 7 42	31/28/190	Aircrew (PDR)		1 7 42	3028/164						
T.O.S.	ACA.F. Stee Boekeliff	7/19 5 42	5 M.D. 19	T/Sgt (adj)	6 11 42	8 AOS 162	Air Navigator	8	18 7 42	3028/190						
SOS	3118 Victoriasville	18 7 42	31/28/190				Air Navigator	8	6 11 42	89 AOS 162						
T.O.S.	8 AOS Precienne Lorette	19 7 42	8 AOS 166													
T.O.S.	P.A.C.S.	20 11 42	8 AOS 162													
T.O.S.	1 "V" Depot	25 11 42	12 331	PO 9-11-42	20/17-12-42	(CO 54/30-1-43)	Nav. Lt.		9 11 42	14 331	20/17-12-42					
	Discharged K.R. 392(18)	8 11 42	12 331	FO 9-5-43	(V 15/8-23) 2/3/66	(APR 12/18-10-43)										
T.O.S.	On app. to Commission	9 11 42	8 AOS 174	FO 6-5-43	(P 220A-63)											
T.O.S.	14 dep. to RAF Training School	11 12 42	14 359													
T.O.S.	Wimereu Strength 8 AOS on app	9 11 42	8 AOS 174A													
	Pres dead	12 10 43														
	Res. List															
COMPLETED																
	Missing															
	believed drowned	12-10-43														
	PO 539	13 10 43														

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	

12-1-42 R100 Q1B W3A.

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

R.C.A.F. OVERSEAS
 ENLISTMENT
 MARITAL STATUS
 PRESENT
 MARITAL STATUS
 HIGH & TECH. SCHOOL EDUCATION
 C.O.F.E. B.M.P. U.C. PRES. REL. R.N. HEB. MIS. OTHER PREV. RELIGION
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35
 PROVINCE OF ENLISTMENT
 DISCHARGE
 AC

AIR FORCE No.

R148396

KIRKWOOD, FRANCIS LUSSIER

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE *Montreal*DATE *14-1-42**S.L.*

J.20918

OFFICER RECORD OF SERVICE AIRMEN

*Comm. 9-11-42*R.C.A.F. FORM R44(B)
30M-8-41 (637)
H.Q. 1062-3 58

7. BIRTH: DATE PLACE CITIZENSHIP

*21-12-20 Montreal, Que. British*FATHER (FULL NAME) *Thomas Kirkwood*BIRTHPLACE *Sudbury, Ont.*MOTHER (FULL MAIDEN NAME) *Ellen Andrews*BIRTHPLACE *Collingwood, Ont.*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *X* *Yes*JUNIOR MATRICULATION *X* *Yes*

SENIOR MATRICULATION

TECHNICAL SCHOOL *6 mo. private tuition - Comm.*UNIVERSITY *Strathcona Academy (Arts) - 1 yr.*

CORRESPONDENCE COURSES

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

*Dr. Clerk - 1 mo. News Magazine**Dr. Clerk & Stenographer - 3 yrs**R.N.R.**8501*

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

11. HONOURS-AWARDS, MENTIONS

AUTHORITY

DATE

Air C. Berwick's Badge *8A02/62* *6-11-42*

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO

DUAL

PASSENGER

13. RELIGION *R.C.*14. LANGUAGES *English, French (fair)*15. SPORTS *Hockey, Football, golf, Draughting & Architecture.*16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED *Single Married*WIFE (FULL MAIDEN NAME) *Betty Nancy E. McCarthy (spinster)*PLACE OF MARRIAGE *Holy Cross Catholic Church, Plymouth* DATE *20-1-43*AUTHORITY (IF AFTER ENLISTMENT) *FOR 12*

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: *Ellen Kirkwood* RELATIONSHIP *Mother*ADDRESS: *2285 Lake Shore Rd. Bail d'Urfe, Que.* D.R.O.FULL NAME: *Mrs. B.N. Kirkwood* RELATIONSHIP *wife*ADDRESS: *263 Brington St. Plymouth* D.R.O. *FOR 12*

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

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

21. ENGAGEMENTS

TERM

EFFECTIVE

D.R.O.

TERM

EFFECTIVE

D.R.O.

Duration 14 1 42

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM

TO

DATE

D.R.O.

Occ. gtrs & dress detail *14-1-42* *50m. D12**R.A.**7/21/11/42**8A02/62*Date and Place of Signing *D.A.*

22.(A) ADDRESS PRIOR TO ENLISTMENT

*20285 Lake Shore Road,
Bail d'Urfe, Que.**22701*

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60

R79A

B465

X-RAY

AFM-13

IDN. CARD

28-1-42 *JAN 22 42* *15-1-42**27-11-42*

AIR FORCE No.

5.20918
R. 148396

KIRKWOOD
SURNAME

FRANCIS LUSSIER
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE MONTREAL

DATE 14-1-42 COMM 9-11-42

RELIGION

R.C.

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												
21-12-20	MONTREAL, QUE	CANADA	BRITISH		SINGLE, MARRIED, WIDOWER, DIVORCED MARRIED												
CIVIL EDUCATION					WIFE (FULL MAIDEN NAME) OR HUSBAND BETTY NANCE ELWORTHY												
PUBLIC SCHOOL		JUNIOR MATRICULATION <input checked="" type="checkbox"/> QUE			PRESENT ADDRESS (IN PENCIL) 26 EBRINGTON ST. Plymouth												
HIGH SCHOOL ENTRANCE		SENIOR MATRICULATION			PLACE OF MARRIAGE Plymouth		DATE 20-1-43 (12/82)										
TECHNICAL SCHOOL 6003 PRIVATE TUTOR - COMM STRATHCONA ACADEMY (ARTS) 1/2		UNIVERSITY			AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)												
CORR./BUSINESS COURSES		LANGUAGES SPOKEN															
CIVIL OCCUPATIONS AND EXPERIENCE					CHILDREN												
		8501			NAMES		PLACE AND DATE OF BIRTH		NAMES		PLACE AND DATE OF BIRTH						
NAVY					Francis Thomas		Plymouth, ENGLAND 30-12-43										
PREVIOUS SERVICE					NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)												
NIL					ELLEN KIRKWOOD (MOTHER) 20285 LAKE SHORE RD Rain D'URVILLE, Que.			MRS. B.N. KIRKWOOD (WIFE) 26 EBRINGTON ST. Plymouth.									
					EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN												
PLACE AND DATE OF MEDICAL		CATEGORY	PLACE AND DATE OF MEDICAL		CATEGORY	TYPE	FROM	TO	TYPE	FROM	TO						
13-1-42		A1B A3B															
OFFICERS					AIRMEN AND AIRWOMEN					OFFICERS, AIRMEN/AIRWOMEN							
RANK, BRANCH AND CATEGORY		DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.			RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
P/O NAV G.H. S.R.		9 11 42	11/331 7-12-42										CRSE 55 2 8 ADS	STANDING 3/21			20 7 42 11 42
T/P/O A.F.R.O. 2258/43		9 5 43	00 160/43 54 074 26														
					COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)												