

## COMPANY RESTRICTED

## MORNING REPORT

ENDING  
2400

19

Sep

194

4

(DAY)

(MONTH)

(YEAR)

STATION St Max 8712 Nord de Guerre ZoneORGANIZATION Co A 110 Med Bn MD

(CO, BTRY, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER

NAME

GRADE

CODE

No Change

## RECORD OF EVENTS

Map used Nancy Mire Court sheet 14/G

| OFFICER<br>STRENGTH       | FLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLT O |      |
|---------------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                           | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED                  | 2            |      | 1      |      | 1     |      |      |      |       |      |
| ATTACHED                  |              |      |        |      |       |      |      |      |       |      |
| UNASSIGNED                |              |      |        |      |       |      |      |      |       |      |
| ATTACHED FR<br>OTHER ORGN |              |      |        |      |       |      |      |      |       |      |
| TOTAL                     | 2            |      | 1      |      | 1     |      |      |      |       |      |

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                         |        |                       |
|-------------------------------------|-----------------|--------|---------------------|-------------------------|--------|-----------------------|
|                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSENT | PRESENT<br>AND ABSENT |
| ASSIGNED                            |                 |        | 93                  |                         |        | 93                    |
| ATTACHED                            |                 |        |                     |                         |        |                       |
| UNASSIGNED                          |                 |        |                     |                         |        |                       |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                     |                         |        |                       |
| TOTAL                               |                 |        | 93                  |                         |        | 93                    |

|   |     |                                        |                                               |        |
|---|-----|----------------------------------------|-----------------------------------------------|--------|
| R | I   | ESTIMATED NUMBER OF                    | DAY OF WEEK                                   | NUMBER |
| A |     | RATIONS REQUIRED FOR                   | DATE                                          |        |
| T | II  | MESS ATTENDANCE FOR DAY OF THIS REPORT |                                               |        |
| I |     | BREAKFAST 97                           | DINNER 97                                     |        |
| O |     | SUPPER 97                              |                                               |        |
| N | III | WEN AUTHORIZED TO<br>MESS SEPARATELY   | WEN ATCHD FOR RATIONS<br>O & OTHERS<br>MESSES |        |
| S |     | WEN ATCHD TO OTHER<br>ORGN FOR RATIONS | NET                                           |        |
|   |     | WEN PRESENT 93                         | LESS                                          |        |
|   |     |                                        | 93                                            |        |
|   |     |                                        | PLUS 4                                        |        |
|   |     |                                        |                                               | 97     |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT RATION FIGURES ON PAGE II REPRESENT AN ACTUALSIGNATURE RICHARD A. BURKE WOJG USA 110 Med Bn

M D A G FORM NO 1

(NAME)

RESTRICTED

(ARM OR SERVICE)

MAY 20, 1945

WE STOP HERE FOR YOU