COMPANY MORNING REPORT RESTRICTED ENDING 2400 28 (DAY) July (MONTH) 194 4 (YEAR)

Zone 1

STATION 2/3 Km SW Gosville T5158 Lambert

ORGANIZATION Co A (CO., DET., ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED TORIGNI-SUR-VILLE		
	SHEET 6F/4		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			184		2	186
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			184		2	186

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK ____ DATE ____ NUMBER ____

II MESS ATTENDANCE FOR DAY OF THIS REPORT BREAKFAST 192 DINNER 192 SUPPER 192 TOTAL 576 ÷ 3 AVERAGE 192

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 O & OTHERS MESSED 6
MEN PRESENT 184 LESS 1 NET 183 PLUS 9 TOTAL 192

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE CARYL H OSKEA (NAME) 1 Lt Inf (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 WD COPY THRU MBU OR SCU