COMPANY RESTRICTED

MORNING REPORT

ENDING Z400 2 (DAY) Feb (MONTH) 194 5 (YEAR)

Zone

STATION Hontern VK6348 Nord de Guerre

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

SERIAL NUMBER	NAME	GRADE	CODE
37070652	Haas, Clyde L Dy 821	S Sgt	J4
	Fr Dy to Slightly Sk (LD) Lost		
	to 91 Evac Hosp per Sec II	Cir	
	69 13 June 1944		

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
ASGD			1		2					
ATCHD UNASGD										
ATCHD FR OTHER ORGN										
TOTAL			1		2					

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASGD			161		3	164
ATCHD UNASGD						
ATCHD FR OTHER ORGN						
TOTAL			161		3	164

RATIONS

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

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET ____ O & OTHERS MESSED ____ TOTAL ____ MEN PRESENT ____ LESS ____ PLUS ____

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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

CARYL H OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D. A.G.O. FORM NO. 1 JULY 1, 1943

WD COPY THRU MRU OR SCU