

COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 **24**
(DAY)

Dec
(MONTH)

194**4**
(YEAR)

STATION **Moulines 08157 Nord de Guerre Zone**

ORGANIZATION **Cannon Co 137 Inf Regt Inf**

SERIAL NUMBER **34346045** NAME **Parson, Woodrow H** GRADE **1st Lt** CODE **15**

NOB 345 NOB 590 Page V

Asgd & Jd fr 14 Repl Bn APO 583 as of 21 Dec 1944 per SO 229 Par 2 Hq 35 Inf Div

34606659 White, James R 603 Cpl S

fr Div to Seriously Wounded (Not in Action) fr Seriously Wounded (Not in Action) to DOW as of 23 Dec 44

RECORD OF EVENTS

MAP USED SAARBRUCKEN SHEET V I

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		PL	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	1		3							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			105		2	107
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			105		2	107

ESTIMATED NUMBER OF RATIONS REQUIRED FOR _____ **DAY OF THE MONTH** _____ **DATE** _____ **NUMBER** _____

MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE

MEN AUTHORIZED TO MESS SEPARATELY _____ **MEN ATCHD FOR RATIONS O & OTHERS MESSD** _____ **TOTAL** _____

MEN ATCHD TO OTHER ORGN FOR RATIONS _____ **NET** _____ **PLUS** _____

MEN PRESENT _____ **LESS** _____

PAGE **1** OF **1** PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL

SIGNATURE **CARL H OSKRA 1 Lt Inf**

REG. 2, G.O. FORM NO. 1
MARCH 29, 1944

NO COPY THIS BRU OR DCU

(GRADE) (ARM OR SERVICE)