

**COMPANY RESTRICTED**  
**MORNING REPORT**

ENDING  
2400

31  
(DAY)

Dec  
(MONTH)

194

4  
(YEAR)

STATION Honville P3547 Belgium

ORGANIZATION Cannon Co 137 Inf Regt

Inf  
(ARM OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

**DR CHARGE**  
**RECORD OF STRENGTH**

**MAP USED AMMON SHEET 17**

STRENGTH	PRES		ABST		PRES		ABST		PRES		ABST	
	ASSIGNED	ATTACHED	ASSIGNED	ATTACHED	ASSIGNED	ATTACHED	ASSIGNED	ATTACHED	ASSIGNED	ATTACHED	ASSIGNED	ATTACHED
ASSIGNED	1			3								
ATTACHED												
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			109		2	111
ATTACHED						
TOTAL			109		2	111

I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL AVERAGE
II	BREAKFAST	DINNER	SUPPER
	MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS
III	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	U & OTHERS MESSED
	MEN PRESENT	LESS	PLUS
TOTAL		TOTAL	TOTAL

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

*Caryl H Oskea*  
**CARYL H OSKEA 1 Lt Inf**

REPORTING OFFICER

(GRADE) (ARM OR SERVICE)

FORM NO. 1  
 1 1942

DO NOT WRITE BELOW THIS LINE