

**COMPANY RESTRICTED  
MORNING REPORT**

ENDING  
2400

12

Jan

1945

(DAY)

(MONTH)

(YEAR)

STATION Honville P5547 Belgium

ORGANIZATION Cannon Co 157 Inf Regt

Inf

(CO, DET ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
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No Change

**RECORD OF EVENTS**

MAP USED ARLON STREET 17

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST

ASSIGNED	1		3							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>1</b>		<b>3</b>							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT

ASSIGNED			110		1	111
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>110</b>		<b>1</b>	<b>111</b>

RATIONS REQUIRED FOR DAY OF WEEK \_\_\_\_\_ NUMBER \_\_\_\_\_  
 DATE \_\_\_\_\_

MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	+	AVERAGE
				3	

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.

*Caryl H. Oskea*

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

U.S. A.G.O. FORM NO. 1  
MARCH 28, 1943

WD COPY THRU MRU OR SCU