COMPANY RESTRICTED
MORNING REPORT ENDING 2400 16 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Honville P5547 Belgium
ORGANIZATION Cannon Co 137 Inf Regt Inf
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ARGON SHEET 17		

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

AVM CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			109		1	110
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			109		1	110

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:

Caryl H Oskea

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

W.D., A.G.O. FORM NO. 1
MARCH 25, 1942

WD COPY THRU MRU OR SCU