COMPANY MORNING REPORT

ENDING 2400 16 (DAY) Sept (MONTH) 194 4 (YEAR)

STATION Woodsonville 79400 Hqrd Co Theatre Zone

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

SERIAL NUMBER	NAME	GRADE	CODE
	Lo Thorne		
	[illegible]		
	[illegible]		
	[illegible]		

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
ASSIGNED	1		3		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			146		3	149
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			146		3	149

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 155 DINNER 155 SUPPER 155 — TOTAL 465 ÷ 3 — AVERAGE 155

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 O & OTHERS MESSED 7 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — MEN PRESENT 146 LESS 1 — NET 145 PLUS 10 — TOTAL 155

PAGE 1 OF 1 PAGES

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

SIGNATURE Carl B. Oleka

CARL B. OLEKA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 — MARCH 25, 1943 — NO COPY THIRD REV OR SCU