

**COMPANY RESTRICTED
MORNING REPORT**

ENDING 2400 16 AUG 1944
(DATE) (MONTH) (YEAR)

STATION Orleans W6336 Nord de Guerre Zone
ORGANIZATION Co G 137 Inf Regt Inf
(CO, DET, ETC) (PRESENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

**MAP USED CHATEAUDUN BRADGENCY
SHEET 9 H**

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		CO		PLT O	
	PRESEN	ABSEN	PRESEN	ABSEN	PRESEN	ABSEN	PRESEN	ABSEN	PRESEN	ABSEN
ASSIGNED	2		3		2					
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN										
TOTAL	2		3		2					

AVR CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			PRESENT AND ABSENT
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	
ASSIGNED			153			153
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			153			153

RATIONS REQUIRED FOR DATE	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE
	BREAKFAST	DINNER	SUPPER		
ESTIMATED NUMBER OF RATIONS REQUIRED FOR DATE	161	161	161	483	161
MEN AUTHORIZED TO MESS SEPARATELY				3	
MEN SEND TO OTHER ORGN FOR RATIONS	1			NET	6
MEN PRESENT	153	LESS	1	152	PLUS
					9
					161

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS REQUIRED FOR DATE IS CORRECT AND THAT MEN PRESENT IS CORRECT AND THAT MEN LESS IS CORRECT AND THAT MEN PLUS IS CORRECT
CARYL H. OSKRA 1 Lt Inf

SIGNATURE _____ (NAME) _____ (GRADE) (ARM OR SERVICE)
D E A G O FORM 42-1 (MARCH 15, 1942) WD COPY THRU BRN OR SCU