

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

ENDING 19  
 2400 (DAY)

July 1944 4  
 (MONTH) (YEAR)

STATION 1/3 Km E Hamel T4/65 Lambert Zone 1

ORGANIZATION Co H 137 Inf Regt Inf  
(COY DET ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
42055121	Lovine, Irving (n)	605	Pvt
37581451	Postma, Arthur L	605	Pvt
42038156	Podes, Angelo P	605	Pvt
39691688	Lloyd, Elmo W	345	Pvt
Above 4 IM Asgd & Ja ar 66th Repl Bn			
APO 873			

37145011 Shepherd, Elmer C 653 Sgt  
 Fr Dy to LVA-Lost to Hosp

**RECORD OF EVENTS**

MAP USED ST LO SHEET 6F/2

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		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUW	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			140		1	141
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			140		1	141

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
			DATE	
T I M E	II	MESS ATTENDANCE FOR DAY OF THIS REPORT	TOTAL	AVERAGE
		BREAKFAST 148 DINNER 148 SUPPER 148	444	148
M E N	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	3
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	0 & OTHERS MESSED
S T R E N G T H		MEN PRESENT	LESS	TOTAL
		140	1	139
			PLUS	9
				148

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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. Osica*

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