COMPANY RESTRICTED
MORNING REPORT ENDING 2400 30 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION Montargis X2242 Nord de Guerre Zone

ORGANIZATION Co H (CO., DET., ETC.) 137 Inf Regt (FRIGHT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
MAP	USED SENS-AUXERRE SHEET 11 H		

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		2		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		5					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			147			147
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			147			147

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ NUMBER ____

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 157 DINNER 157 SUPPER 157 — TOTAL 471 ÷ 3 AVERAGE 157

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 8
MEN PRESENT 147 LESS 1 — NET 146 — PLUS 11 — TOTAL 157

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT OF REPORTING TO ME.

SIGNATURE Caryl H. Oskea
CARYL H. OSKEA 1 Lt Inf
(GRADE) (ARM OR SERVICE)

U.S. G.S.O. FORM NO. 1 (ENDING) MARCH 25, 1943 MAJOR LT. [illegible] NO COPY FROM [illegible] OR [illegible]