

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

ENDING 8  
2400 (HOURS)

Dec

1944 (YEAR)

STATION Hambach 01851 Nord de Guerre Zone

ORGANIZATION Hq Co 137 Inf Regt Inf  
(CO, BTRY, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

**RECORD OF EVENTS**

MAP USED SAARBRUCKEN SHEET V 1

OFFICER SERIAL	PLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASST	2		1				1			
ATCHD UNASSG										
ATCHD FR OTHER ORGN										
TOTAL	2		1				1			

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABST
ASST			165			165
ATCHD UNASSG						
ATCHD FR OTHER ORGN						
TOTAL			165			165

**ESTIMATED NUMBER OF RATIONS REQUIRED FOR** \_\_\_\_\_ **DAY OF WEEK** \_\_\_\_\_ **NUMBER** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**MESS ATTENDANCE FOR DAY OF THIS REPORT**

BREAKFAST	223	DINNER	223	SUPPER	223	TOTAL	669	AVERAGE	223
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**MEM AUTHORIZED TO MESS SEPARATELY** \_\_\_\_\_ **MEM ATCHD FOR RATIONS** 44

**MEM ATCHD TO OTHER ORGN FOR RATIONS** 1 **NET** \_\_\_\_\_ **O & OTHERS MESSED** 15 **TOTAL** \_\_\_\_\_

**MEM PRESENT** 165 **LESS** 1 **NET** 164 **PLUS** 59 **TOTAL** 223

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART (C) REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE Caryl H. Oskea  
**CARYL H. OSKEA 1 Lt Inf**