COMPANY MORNING REPORT RESTRICTED

ENDING 2400 27 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 EM E X7140 Nord de Guerre Zone

ORGANIZATION Co K (CO. DET. ETC.) 137 Inf Regt (PARENT 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		1		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		1		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			154		1	155
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			154		1	155

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 162 DINNER 162 SUPPER 162 — TOTAL 486 ÷ 3 — AVERAGE 162

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 5 — MEN PRESENT 154 LESS 1 — NET 153 PLUS 8 — TOTAL 161

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN I, II, III REPRESENT AN ACTUAL COUNT AS REQUIRED BY

SIGNATURE Caryl H. Oskar

CARYL H. OSKAR 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1942 WD COPY THRU MKC OR SCU