

COMPANY RESTRICTED MORNING REPORT

ENDING 2400 2 Feb 1945
(DAY) (MONTH) (YEAR)

STATION Herkenrade VK6246 Nord de Guerre
 ORGANIZATION Co K 137 Inf Regt Inf
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<u>35848938</u>	<u>Posey, Frederick G</u>	<u>Pvt</u>	<u>M2</u>
	<u>Dy 745</u>		
	<u>Fr Dy to LIA Lost to 91 Evac</u>		
	<u>Hosp per Sec II Cir 69 Hq BTOUSA</u>		
	<u>13 June 1944</u>		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASGD			<u>1</u>		<u>2</u>					
ATCHD UNASGD										
ATCHD FR OTHER ORGN										
TOTAL			<u>1</u>		<u>2</u>					

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD			<u>137</u>		<u>6</u>	<u>143</u>
ATCHD UNASGD						
ATCHD FR OTHER ORGN						
TOTAL			<u>137</u>		<u>6</u>	<u>143</u>

R ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK _____ NUMBER _____
A RATIONS REQUIRED FOR } DATE _____

T MESS ATTENDANCE FOR DAY OF THIS REPORT
 BREAKFAST _____ DINNER _____ SUPPER _____ TOTAL _____ AVERAGE _____

O MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS _____
N MEN ATCHD TO OTHER ORGN FOR RATIONS _____ NET _____ O & OTHERS MESSED _____ TOTAL _____
S MEN PRESENT _____ LESS _____ PLUS _____

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

SIGNATURE CARYL H OSKEA 1 Lt Inf