

**COMPANY REINFORCED
MORNING REPORT**

ENDING
1404

DATE

STATION **Recon** **02148** **Head of Reserve Zone**

ORGANIZATION **Med Det** **1st Inf Regt** **1st**

SERIAL NUMBER

NAME

GRADE

1000000 **Plater, Warren E** **1st Lt**

He is slightly injured & dropped in camp

1000000 **Shawfield, Don E** **1st Lt**

He MIA to MIA as of 12 Nov 1944

NUMBER OF EVENTS

MAP USED

ALL MEN ASSIGNED TO OTHER DUTIES FOR RATIONS

OFFICER STRENGTH	FIELD OR CAMP		POST		LINE		PL		OTHER	
	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT
ASSIGNED	7									
ATTACHED UNASSIGNED ATTACHED FOR OTHER DUTY										
TOTAL	7									
AVN CADET & ENLISTED STRENGTH	FLYING COCKETS		ENLISTED MEN		OTHER		TOTAL			
	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT		
ASSIGNED			100		1		101			
ATTACHED UNASSIGNED ATTACHED FOR OTHER DUTY										
TOTAL			100		1		101			

R	I	ESTIMATED NUMBER OF	DAY OF WEEK	
A		RATIONS REQUIRED FOR	DATE	
T	II	MESS ATTENDANCE FOR DAY OF THIS PERIOD		
I		BREAKFAST	DINNER	SUPPER
O		MEN AUTHORIZED TO MESS SEPARATELY	MEN ATTEND FOR RATIONS	
N	III	MEN ATTEND TO OTHER DUTY FOR RATIONS	100	NET
S		PRESENT	100	LESS
			100	0
				PLUS
				0

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I CERTIFY THAT THIS REPORT IS CORRECT AND
THE RATION FIGURES IN PART II REPRESENT THE ACTUAL

SIGNATURE **CARL H. OWEN 1st Lt**

U.S. ARMY FORM NO. 1
MARCH 25, 1944

NO COPY THRU REG OR SCD