COMPANY RESTRICTED
MORNING REPORT ENDING 2400 9 (DAY) Dec (MONTH) 194 4 (YEAR)

STATION Hambach Q4951 Nord de Guerre Zone

ORGANIZATION Med Det (CO., DET., ETC.) 137 Inf Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED SAARBRUCKEN SHEET V 1		

ALL EM ATCHD TO OTHER ORGN'S FOR RATIONS

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
ASSD	7				3					
ATCHD UNASSD										
ATCHD FR OTHER ORGN										
TOTAL	7				3					

AVN CADET & CHL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSD			108		2	110
ATCHD UNASSD						
ATCHD FR OTHER ORGN						
TOTAL			108		2	110

RATIONS

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

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 108 O & OTHERS MESSED ____ MEN PRESENT 108 LESS 108 NET 0 PLUS TOTAL 0

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

Arthur J. Kraft

SIGNATURE ARTHUR J. KRAFT Capt Inf

U.S. A.G.O. FORM NO. 1 (NAME) (GRADE) (ARM OR SERVICE)

WD COPY THRU MEU OR SCU