COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 25 (DAY) Oct (MONTH) 194 4 (YEAR)

STATION Abencourt Q9724 Nord de Guerre Zone

ORGANIZATION Co A (CO, DET, ETC) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

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

OFFICER STRENGTH	FLD O & CAPT PRES	FLD O & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASSIGNED	1		2		1					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DT	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
ASSIGNED			185		5	190
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			185		5	190

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 191 DINNER 191 SUPPER 191 — TOTAL 573 + 3 — AVERAGE 191

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3; MEN ATCHD TO OTHER ORGN FOR RATIONS 1; O & OTHERS MESSED 4; MEN PRESENT 185 LESS 1 — NET 184 PLUS 7 — TOTAL 191

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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 BY ME.

SIGNATURE Caryl H. Oskea

CARYL H. OSKEA 1 Lt Inf
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1942

WD COPY THRU MNG OR SCU