COMPANY RESTRICTED
MORNING REPORT ENDING 2400 12 (DAY) Dec (MONTH) 194 4 (YEAR)

STATION Naunkiron Q5358 Nord de Guerre Zone

ORGANIZATION Hq Co 2 Bn 137 Inf Regt Inf
(CO. SEC. ETC.) (PARENT UNIT) (ARM OR SERVICE)

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

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
LOCAL	1		4							
ATCHD UNASSD										
ATCHD FR OTHER ORGN										
TOTAL	1		4							

ARM CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
LOCAL			125		2	127
ATCHD UNASSD						
ATCHD FR OTHER ORGN						
TOTAL			125		2	127

RATIONS

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

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

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

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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 TO MR.

SIGNATURE CARYL H. OSKKA 1 Lt Inf

U.S. A.G.O. FORM NO. 1 JULY 1, 1943 (NAME) WD COPY THRU MRU OR SCU (GRADE) (ARM OR SERVICE)