



**COMPANY REPORT**  
**MORNING REPORT**

DATE **14**

MONTH **Nov** YEAR **4**

STATION **Barouville 01737 Nord de Guerre Zone**

ORGANIZATION **Co L 137 Inf Regt Inf**

SERIAL NUMBER **MOS 745 MCO 499** NAME **Race W** GRADE **Above 7 SN fr LSA** CODE **Dropped fr**  
**Asgmt to RTD as of 13 Nov 1944**  
**Par SO 197 Par 4 Hq 35 Inf Div**

**RECORD OF EVENTS**

**MAP USED SANDRUCKEN SHEET V 1**

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		PLT O	
	PRESEN	ABSENT	PRESEN	ABSENT	PRESEN	ABSENT	PRESEN	ABSENT	PRESEN	ABSENT
ASSIGNED	1		3		1					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		1					

AVR CABET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT FOR ABSENT
ASSIGNED			167		6	173
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			167		6	173

RATIONS	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	DATE	NUMBER		
				TOTAL	AVERAGE	
I	MESS ATTENDANCE FOR DAY OF THIS REPORT	BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE
II	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS		2		
		MEN ATCHD TO OTHER ORGN'S FOR RATIONS		1		
III	MEN PRESENT	LESS	1	166	PLUS	8

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I CERTIFY THAT THE ABOVE REPORT IS CORRECT AND FULLY ACCORDS WITH THE ACTUAL SITUATION.

SIGNATURE **CAROL B. OSWALD Lt. Inf**

REPORTING OFFICER'S GRADE AND POSITION