

RESTRICTED  
MONTHLY REPORT FORM 2000 9 April INC 5  
ORGANIZATION Co H 137 Inf Regt (MONTH) Inf (YEAR)  
STATION OR LOCATION Recklinghausen Sud RAB 531 (ARM OR SERVICE)

NAME Nord (FIRST NAME) (LAST NAME) GRADE: PFC MCE CODE  
CORRECTION (14 Feb 45)  
Riley Thomas L 42031211 (SERIAL) SGT //

By 053

Promoted to S Sgt

\*The above remark is to be deleted\*

CORRECTION (14 Jan 45)

Gardner Edwin H 35736695 PVT

By 504

Pt Dy to Slightly Sk (LD) Lost to  
IIC Svac Hosp per Sec II Cir 69

Hq 370USA 13 June 1944

SHOULD BE

Gardner Edwin H 35736695 PFC

By 504

Pt Dy to Slightly Sk (LD) Lost to  
IIC Svac Hosp per Sec II Cir 69

Hq 370USA 13 June 1944

CORRECTION (13 Feb 45)

Gardner Edwin H 35736695 PVT 504

MCO OIC Base H

Pt Slightly Sk (LD) Dropped in

agent to HPD 12 Feb 45 per SO 52

	NAME	SERIAL	GRADE	STATUS	PRESENT			ABSENT				REMARKS
					FOR DUTY	NOT FOR DUTY	T & E	ON	COMP	LEAVE	OTHER	
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I CERTIFY THAT THIS MONTHLY REPORT IS CORRECT. PAGE 1 OF 3 PAGES

**RESTRICTED MORNING REPORT**

ENDING 2400 9 April 1944

ORGANIZATION 30 M 157 (ADM) (MGR) (SER) (YEAR)  
 STATION OR LOCATION 302 3402 21  
 NAME SERIAL NUMBER GRADE WCS CODE

Par 6 Eq 35 Int 27  
 380125

Par 6 Eq 35 Int 27  
 100 010 race 7  
 Pr slightly sk (ID) 10000000  
 asgmt to ASD (12 Feb 45) per 30 82  
 Par 6 Eq 35 Int 27

Sullivan Edward O 32906552 Epc 745  
 100 010 race 7  
 Pr slightly sk (ID) lost to ASD  
 asgmt to ASD as of 22 Feb 45  
 per 30 82 per 30 82  
 1944

Sullivan Edward O 32906552 Epc 745  
 Promoted to (CD) as of 22 Feb 45

Mulligan James W 35649000 Epc  
 Pr sk to Grid in Pr to 32 Plat  
 35 Int 27 per 30 82 Par 5 Eq 35  
 Int 27

No limited assignment personnel assigned or attached unassigned

NO	ASGN	ATCRD	TOTAL	ATCRD	PRESENT		ABSENT				MISC	
					PCR	NOV PCR	T O	U	W	S		W
01	101	131	141	121	10	10	10	10	10	10	10	10
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I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE 2 OF 3 PAGES

SIGNATURE \_\_\_\_\_

(NAME, TYPE OR PREFIX) \_\_\_\_\_

**RESTRICTED**  
**MORNING REPORT** ENDING 9 April 1945  
 ORGANIZATION **Co M 137 Inf Regt** (MONTH) **Inf** (YEAR)  
 STATION OR LOCATION **Hecklinghausen Sud 34071** (SER. CO. DET. ETC) (PARCEL UNIT) (ARM OR SERVICE)  
 NAME **Ward Ludwig Gustaf Gable** NOS. CODE

to this organization  
**RECORD OF EVENTS**  
**UNIT IN RESERVE**

NO.	NAME	AFCB DAYS	TOTAL	AFCB PROG DAYS	PRESENT		ABSENT					
					POS DUTY	NOT POS DUTY	T D	S D	RE	COMP	LT FOR	UNCL
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
					2		1					
			3		2		1					
			6		4		2					
		0/1	0/1		0/1							
		3	3		3							
		16/0	16/0		12/0		1			3		
		14/3	14/3		13/3					1		
		13/5	13/5		13/5							
		102	102		99		1			1	1	
		12	12		9			1			2	
		169	169		158		2	1		5	3	

I CERTIFY THAT THE MORNING REPORT IS CORRECT. PAGE 2 OF 3 PAGES  
 SIGNATURE *Carl Gable*  
**CARL G GABLE**  
 (ARM OR SERVICE)  
 1 Lt Inf