RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 5 (DAY) July (MONTH) 194 4 (YEAR)

STATION Enroute to Normandy France

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

ALL MEN ATCHD TO OTHR ORGNS FR MT

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
ASSIGNED	9									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	9									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			124			124
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			124			124

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 O & OTHERS MESSED ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 124 — NET 0 — TOTAL 0

MEN PRESENT 124 LESS 124 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 ME.

SIGNATURE Caryl H. O'Shea CARYL H. O'SHEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

O.D., A.G.O. FORM NO. 1 (REVISED) — SUBSTITUTE FOR COPY WHICH WAS LOST