

RESTRICTED
MORNING REPORT FORM NO. 1 **3** **March** **1945** **5**
 ORGANIZATION **Med Det 137 Inf Hq** **NO**
(ORG. OR REG. UNIT) (PROJECT UNIT) (AREA OR SERVICE)
 STATION OR LOCATION **Leath 089405 Nord de Guerre**

No Change
Limited Assignment Personnel
Assigned or Attached Unassigned
1 M 0 Officers 1 Total

CLASSIFICATION	ABSD (1)	ATCD REASD (2)	TOTAL (4)	APCR FLOWER ORD'S (3)	PRESENT		ABSENT					
					FOR DUTY (6)	NOT FOR DUTY (7)	T B S S (8)	VE (9)	COMP (10)	LV PER (11)	ANOL (12)	MSR- ING (13)
	6		6		6							
	4		4		4							
	1		1		1							
	11		11		11							
	0/0		0/0		0/0							
	1		1		1							
	4/9		4/9		4/9							
	2/15		2/15		2/15							
	3/26		3/26		3/24				2			
	71		71		68			2			1	
	6		6		5			1				
	137		137		131			3		2	1	

I CERTIFY THAT THIS MORNING REPORT IS CORRECT.
 SIGNATURE *Carl E Oskea* PAGE **1** OF **1** PAGES
CARL E OSKEA
137 INF