

**COMPANY**  
**MORNING REPORT**

**RESTRICTED**

ENGINE  
2400  
10

Oct

1944

(DATE)

(MONTH)

(YEAR)

STATION Box 9725 Nord De Guerre Zone

ORGANIZATION Btry C

161 FA Bn

FA

ICD. DET. 879-3

ISSUED BY

NAME OR SERVICE

| SERIAL NUMBER | NAME | GRADE | CODE |
|---------------|------|-------|------|
|---------------|------|-------|------|

No Change

**RECORD OF EVENTS**

No Change in Position. Supporting 134

Inf. Mat: Nomeny Sheet 34/14.

| OFFICER<br>STRENGTH | PLD OR CAPT     |      | 1ST LT       |      | 2D LT |      | WO   |      | PLT  |      |
|---------------------|-----------------|------|--------------|------|-------|------|------|------|------|------|
|                     | PRES            | ABST | PRES         | ABST | PRES  | ABST | PRES | ABST | PRES | ABST |
| ABSEN               | 1               |      | 2            |      | 1     |      |      |      |      |      |
| ATCND               |                 |      |              |      |       |      |      |      |      |      |
| ATCND PR            |                 |      |              |      |       |      |      |      |      |      |
| OTHER ORGN          |                 |      |              |      |       |      |      |      |      |      |
| TOTAL               | 1               |      | 2            |      | 1     |      |      |      |      |      |
| AVN CADET           | AVIATION CADETS |      | ENLISTED MEN |      |       |      |      |      |      |      |
| STRENGTH            | PRES            | ABST | PRES         | ABST | PRES  | ABST | PRES | ABST | PRES | ABST |
| ABSEN               |                 |      |              |      |       |      |      |      |      |      |
| ATCND               |                 |      |              |      |       |      |      |      |      |      |
| ATCND PR            |                 |      |              |      |       |      |      |      |      |      |
| OTHER ORGN          |                 |      |              |      |       |      |      |      |      |      |
| TOTAL               |                 |      |              |      |       |      |      |      |      |      |

|                                 |                                          |                     |                       |
|---------------------------------|------------------------------------------|---------------------|-----------------------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | ESTIMATED NUMBER OF RATIONS REQUIRED FOR | DAY OF WEEK<br>DATE | NUMBER                |
|                                 | MESS ATTENDANCE FOR DAY OF THIS REPORT   |                     | AVERAGE               |
|                                 | BREAKFAST 95                             | DINNER 95           | SUPPER 95             |
|                                 | MEN AUTHORIZED TO MESS SEPARATELY        |                     | MEN ATCND FOR RATIONS |
|                                 | MEN ATCND TO OTHER ORGN FOR RATIONS      |                     | MEN ATCND FOR RATIONS |
|                                 | MEN PRESENT                              | LESS                | PLUS                  |
|                                 | 91                                       | 1                   | 90                    |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PROVIDED ARE IN ACCORDANCE WITH THE RATION BOOK AS REQUIRED BY ME

SIGNATURE THOMAS E THOLEN WOJG USA 161 FA Bn

U.S. A.R. FORM NO. 1  
JULY 1, 1944

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