COMPANY MORNING REPORT RESTRICTED

Date 1400 12 (Day) July (Month) 19 44 (Year) 1

STATION St Clair 2 mi E (51235-71580) Lambert Zone

ORGANIZATION Hdqr O (Co. Bat. Reg.) 219 FA Bn (Branch Unit) PA (Arm or Service)

SERIAL NUMBER	NAME	GRADE	CODE
	Ne Orange		
	RECORD OF SERVICE		
Map used St Le 3416 NW			

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	1		2		1					
ATTACHED ENGAGED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			95			95
ATTACHED ENGAGED						
ATTACHED FR OTHER ORGN						
TOTAL			95			95

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 99 DINNER 99 SUPPER 99 — TOTAL 297 ÷ 3 — AVERAGE 99

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ O & OTHERS MESSED 4 — MEN PRESENT 95 LESS — NET 95 PLUS 4 — TOTAL 99

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PRESENT IN PROPER REQUIREMENT AS DETAIL.

SIGNATURE MORRIS H COLEMAN WO1G USA 219 FA Bn

(Name) (Grade) (Arm or Service)

W.D., A.G.O. Form No. 1 — NO COPY THRU MAIL OR GOV