RESTRICTED

COMPANY MORNING REPORT

19 July 44

STATION St Clair 2 mi E QT 5171 Lambert Zone 1

ORGANIZATION Med Det 219 FA Bn MD

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

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									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER SOURCE										
TOTAL	1									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			11			11
ATTACHED UNASSIGNED						
ATTACHED FR OTHER SOURCE						
TOTAL			11			11

RATIONS

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

II. MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 12 DINNER 12 SUPPER 12 — TOTAL 36 ÷ 3 = AVERAGE 12

III. MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGNS FOR RATIONS ____ O & OTHERS MESSED 1 — MEN PRESENT 11 LESS KEY 11 PLUS 1 — TOTAL 12

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II HEREOF ARE ACTUAL

Morris H. Coleman

MORRIS H COLEMAN WOJG USA 219 FA Bn

(SIGNATURE) (GRADE) (ORGANIZATION)

U.S., A.G.O. Form No. 1 — COPY THRU NEXT OCT