COMPANY MORNING REPORT — RESTRICTED

DATE 25 (DAY) July (MONTH) 194 4 (YEAR)

STATION St Lo 4 mi S QT 4969 Lambert Zone 1

ORGANIZATION Med Det (CO. DET. ETC.) 219 FA Bn (REGMENT DEPT) MD (ARMY NO. ASSIGNED)

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										
ATTACHED FR OTHER CMDS										
TOTAL	1									

ARM CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			11			11
ATTACHED						
ATTACHED FR OTHER CMDS						
TOTAL			11			11

RATIONS

I — SUPPLIES NUMBER OF RATIONS DESIRED FOR: DAY OF WEEK ____ DATE ____ — NUMBER

II — MEN 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 O & OTHERS DINNER 1 — MEN ATCHD TO OTHER CMDS FOR RATIONS ____ — MEN PRESENT 11 LESS KEY 11 PLUS 1 — TOTAL 12

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT MEN SHOWN PRESENT IN THE DETACHMENT ARE ACTUAL.

Morris H. Coleman

SIGNATURE MORRIS H COLEMAN WO/O USA 219 FA Bn (CONTROL OFFICER OR OFFICER)

S.O., G.S.C. FORM 31 — 1 COPY THIRD WRIGHT SCV