COMPANY MORNING REPORT

ENDING 2400 1 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
20403873	Powell	T Sgt	
33348063	Gilligan Techn	4 Gr	
13111699	Ryan Techn	5 Gr	
33294570	Blough Techn	5 Gr	
37661340	Hardinger	Pfc	
33348421	Uroskie	Pfc	
33348390	Levan	Pfc	
33320716	Iiles	Pfc	
33279092	Nabozny	Pfc	
35411159	Rowe	Pvt	
35434577	Sizemore	Pvt	
Fr fur 15 days to dy			
33185552	Smith	Pfc	
Fr fur 15 days to dy as of 30 Sep 43			
	RECORD OF EVENTS		
1 Oct Camp Phillips Kansas Usual Camp duties			

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	5	1	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	1	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			114		25	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			114		25	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Tuesday; DATE 5 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS ~~102~~ 114; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT ~~102~~ 114; LESS ~~102~~ 114; NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE David B Simpson

DAVID B SIMPSON Major M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 2 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
33284278	Fisher	Pvt	
Fr fur to dy as of 1 Oct 43			
33378383	Clayton	Pvt	O
Fr AWOL to dy 16 Oct 43			

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	5	1	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	1	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			116		23	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			116		23	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Wednesday; DATE 6 October 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 116; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 116 LESS 116 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE David B Simpson

DAVID B SIMPSON Major MC 319 Inf
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1
MARCH 25, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 3 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	5	1	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	1	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			116		23	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			116		23	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Thursday; DATE 7 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 116; O & OTHERS MESSED 0; MEN PRESENT 116 LESS 116 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE David B Simpson

DAVID B SIMPSON Major M C 319 Inf
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1
MARCH 25, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 4 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
38208860	Floyd	Pvt	
Fr fur 15 days to extension 5 days to dy			
37472285	Collingham	Pvt	*
Fr dy to AWCL 0500			

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	5	1	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	1	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			116		23	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			116		23	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Friday; DATE 8 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 116; O & OTHERS MESSED 0; MEN PRESENT 116 LESS 116 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE David B Simpson

DAVID B SIMPSON Major M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 5 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
37547854	Koerner	Pvt	
To correct remark of 23 Aug 43 Fr AWOL to ar in hands of Mil Auth as of 4 Jul 43 should read Fr AWOL to ar by C Auth Evansville Ind as of 1500 3 Jul 43 Charged with AWOL Awaiting trial Fr ar by C Auth to conf by MP Evansville Ind as of 4 Jul 43 Fr conf by MP Evansville Ind to ar in Co area 17 Jul 43 To correct remark of 10 Aug 43 Fr dy to AWOL should read fr ar in Co area to AWOL 0001			
37547854	Koerner	Pvt	
Fr ar and conf by C Auth Eau Claire Wis to conf by MP Eau Claire Wis as of 21 Sep 43			
35359941	Cash	Techn 3 Gr	
33226063	Griffin	Techn 4 Gr	
36511761	Feldt	Techn 5 Gr	
36511742	Fredrick	Techn 5 Gr	
39462458	Bork	Pvt	
38119045	Buchanan	Pvt	

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										
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL										

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

RATIONS

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

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

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

PAGE 1 OF 2 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE ____ (NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 — WD COPY THRU MNU OR SCU

COMPANY MORNING REPORT

ENDING 2400 5 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
33679486	DeMurry	Pvt	
33685510	McFarland	Pvt	
33684534	Yanak	Pvt	
Fr fur 15 days to dy			
32777052	Hranek	Pvt	
Fr dy to fur 10 days			
35482649	Craig Techn	5 Gr	
Fr dy to sk in hosp LD 1430			

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	5	1	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	1	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			123		16	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			123		16	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Saturday; DATE 9 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 123; O & OTHERS MESSED 0; MEN PRESENT 123 LESS 123 — NET 0; PLUS 0 — TOTAL 0

PAGE 2 OF 2 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

David B Simpson

SIGNATURE DAVID B SIMPSON Major M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 20, 1943 WD COPY THRU MRU OR ECU

COMPANY MORNING REPORT

ENDING 2400 6 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
37547854	Koerner	Pvt	
	Fr conf by MP Eau Claire Wis to conf		
	Camp McCoy Wis as of 22 Sep 43		
	Fr conf Camp McCoy Wis to conf Post		
	Stockade Camp Phillips Kansas		
37472285	Collingham	Pvt	~~O~~
	To correct remark of 4 Oct 43 fr dy to		C
	AWOL 0500 should read from dy to sk in		
	hosp Geneva Neb LD not determined		
39123422	Brown	Pvt	
39123524	Gillis	Pvt	
	Fr fur 15 days to dy as of 5 Oct 43		
0473085	D'Alessio	Capt	✓
	Fr ordinary lv 15 days to dy		

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	6	0	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	0	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			127		~~12~~	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			127		~~12~~ 12	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Sunday; DATE 10 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 127; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0

MEN PRESENT 127 LESS 127 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE David B Simpson

DAVID B SIMPSON (NAME) Major M C (GRADE) 319 Inf (ARM OR SERVICE)

W.D., S.O.O. FORM NO. 1 MARCH 28, 1943 — WD COPY THRU MSD OR SCU

COMPANY MORNING REPORT

ENDING 2400 7 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
35330305	Mendenhall	Pfc	
33273083	Shadle	Pfc	
35311004	Lechlak Techn	4 Gr	
33297181	Hovis	Pfc	
35387937	Cawthorn	Pvt	
35408239	Giraudo	Pvt	
36511712	Workman	Pvt	
Fr fur 15 days to dy			

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	6	0	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	0	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134		5	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134		5	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Monday; DATE 11 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 134; O & OTHERS MESSED 0; MEN PRESENT 134 LESS 134 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE David B Simpson

DAVID B SIMPSON Major M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 26, 1943 — WD COPY THRU MRM OR SCU

COMPANY MORNING REPORT

ENDING 2400 8 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
37472285	Collingham	Pvt	
	to correct remark of 6 Oct 43 fr dy to		
	sk in hosp Geneva Neb LD not determined		
	should read fr dy to sk in hosp Geneva		
	Neb LD Yes		
	Fr sk in hosp Geneva Neb to dy as of		
	7 Oct 43 LD Yes		

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	6	0	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	0	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			135		4	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135		4	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Tuesday; DATE 12 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 135; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 135 LESS 135 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS EXPLAINED TO ME:

SIGNATURE William C Carey WILLIAM C CAREY Capt 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 28, 1943 — WD COPY THRU BTN OR SCU

COMPANY MORNING REPORT

ENDING 2400 9 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	6	0	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	0	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135		4	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135		4	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Wednesday; DATE 13 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 135; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 135 LESS 135 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE William C Carey

WILLIAM C CAREY (NAME) Capt (GRADE) M C 319 Inf (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU NMU OR SCU

COMPANY MORNING REPORT

ENDING 2400 10 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No change		

RECORD OF EVENTS

10 Oct Camp Phillips Kansas Usual Camp duties

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	6	0	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	0	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135		4	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135		4	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Thursday; DATE 14 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 135; O & OTHERS MESSED 0; MEN PRESENT ~~0~~ 135; LESS 135; NET 0; PLUS 0; TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE David B Simpson DAVID B SIMPSON (NAME) Major M C (GRADE) 319 Inf (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 20, 1943 — 2ND COPY THRU HQ OR SCU

COMPANY MORNING REPORT

ENDING 2400 11 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
15078963	Watson	Sgt	
Fr fur 15 days extension 10 days to dy			

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	6	0	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	0	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134		3	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	2	3	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Friday; DATE 15 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

David B Simpson

SIGNATURE DAVID B SIMPSON (NAME) Major (GRADE) M C (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 — WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 12 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	6	0	3	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	0	3	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	2	3	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	2	3	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Saturday; DATE 16 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE David B Simpson

DAVID B SIMPSON Major MC 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 29, 1943

WD COPY THRU MEU OR SCU

COMPANY MORNING REPORT

ENDING 2400 — 13 (DATE) — Oct (MONTH) — 1943 (YEAR)

STATION: Camp Phillips Kansas

ORGANIZATION: Med Det (CO. DET. ETC.) — 319 Inf (PARENT UNIT) — MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
031682	Pomerleau	1st Lt	
Promoted to Capt as of 6 Oct 43			
37547854	Kourner	Pvt	
Fr conf Post Stockade to dy			

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	7	0	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	7	0	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135	1	3	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135	1	3	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Sunday; DATE 17 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE: William C. Carey

WILLIAM C CAREY (NAME) — Capt M C (GRADE) — 319 Inf (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 — WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 14 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	7	0	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	7	0	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135	1	3	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135	1	3	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Monday; DATE 18 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN PRESENT 136 LESS 136 — NET 0; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE William C Carey WILLIAM C CAREY Capt MC 319 Inf

(GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 (KAN.) MARCH 20, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 15 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
33301849	Bennett	Pvt	
Fr dy to sk in Sta Hosp LD			
34343675	Rakestraw	Pvt	03V
Aptd Pfc MOS 409			
0480164	Baker	Capt	
Fr dy to DS Edgewood Arsenal Md			
Chemical Warfare School			

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	6	1	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	1	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	2	3	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	2	3	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Tuesday; DATE 19 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136; LESS 136 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PAR. II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey WILLIAM C CAREY (NAME) Capt (GRADE) MC (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 25, 1942 — WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 16 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0315154	Simpson	Maj	✓
Fr dy to ordinary lv 5 days			
0475786	Carey	Capt	✓
Assumes command			

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	5	2	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	2	3	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	2	3	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Wednesday; DATE 20 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PARA. II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE Walter B. Frommeyer Jr.

WALTER B FROMMEYER JR (NAME) 1st Lt (GRADE) MC (AR OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 29, 1943

WD COPY THRU NRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 17 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO., DET., ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
32777052	Hranek	Pvt	
Fr fur 10 days to dy as of 16 Oct 43			

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	5	2	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135	2	2	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135	2	2	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Thursday; DATE 21 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 137; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0

MEN PRESENT 137 LESS 137 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey WILLIAM C CAREY Capt M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU NRO OR SCU

COMPANY MORNING REPORT

ENDING 2400 ~~19~~ 18 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	5	2	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135	2	2	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135	2	2	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Friday; DATE 22 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 137; MEN ATCHD FOR RATIONS 0; C & OTHERS MESSED 0; MEN PRESENT 137 LESS 137 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey

WILLIAM C CAREY (NAME) Capt (GRADE) MC (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 19 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0477745	Goldin	Capt	
Fr dy to sk in qrs LD			

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	5	2	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135	2	2	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135	2	2	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Saturday; DATE 23 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 137; O & OTHERS MESSED 0; MEN PRESENT 137 LESS 137 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C. Carey

WILLIAM C. CAREY Capt M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRS OR SCU

COMPANY MORNING REPORT

ENDING 2400 20 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0315154	Simpson	Maj	
Fr ordinary leave 5 days to DS Washington D C Tropical Medicine School			
15105055	Westbrook Techn	4 Gr	03
Aptd s sgt	MOS 673		
15078925	Daugherty Techn	4 Gr	03
33348063	Gilligan Techn	4 Gr	03
33185684	Rauschenberger Techn	4 Gr	03
35484465	Wade Techn	4 Gr	03
15078963	Watson	Sgt	03
Aptd Techn 3 Gr	MOS 861		
33392049	Malt Techn	5 Gr	03
Aptd sgt	MOS 673		
33376607	Barnett Techn	5 Gr	03
35359912	Terrell Techn	5 Gr	03
33278261	Williams Techn	5 Gr	03
Aptd techn 4 gr	MOS 861		
15116176	Hudson Techn	5 Gr	03
Aptd techn 4 gr	MOS 409		
37342377	Cimino Techn	5 Gr	03
36290243 W C.C.	Finch	Pfc	03
Aptd cpl	MOS 673		

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										
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL										

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

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ NUMBER

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

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

PAGE 1 OF 2 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 15, 1940 WD COPY THRU MSU OR BCD

COMPANY MORNING REPORT

ENDING 2400 20 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
33304961	Pfahler	Pfc	03
Aptd techn 5 gr	MOS 422		
13089674	Hickman	Pfc	03
33241030	Gusick	Pfc	03
33279092	Nabozny	Pfc	03
33337058	Stewart	Pfc	03
Aptd techn 5 gr	MOS 861		

RECORD OF EVENTS

20 Oct Camp Phillips Kansas Usual Camp duties

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	5	2	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135	2	2	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135	2	2	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Sunday; DATE 24 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 137; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 137 LESS 137 — NET 0; PLUS 0 — TOTAL 0

PAGE 2 OF 2 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE William C Carey WILLIAM C CAREY (NAME) Capt (GRADE) M.C. (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 2?, 1943 — WD COPY THRU MMR OR ECU

COMPANY MORNING REPORT

ENDING 2400 21 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0473085	D'Alessio	Capt	✓
Trfd to Fort Ord Cal			

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	4	2	2	0						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	4	2	2	0						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			135	2	2	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			135	2	2	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Monday; DATE 25 October 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 137; O & OTHERS MESSED 0; MEN PRESENT 137 LESS 137 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

William C Carey

SIGNATURE WILLIAM C CAREY Capt M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 28, 1943 — WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 22 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
35653647	Butcher	Pfc	
Fr dy to sk in Sta Hosp LD as of			
21 Oct 43			
0477745	Goldin	Capt	
Fr sk in qrs LD to dy			
0448500	Frommeyer	1st Lt ✓	
Fr dy to DS Washington D C			
Tropical Medicine School			

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	5	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	3	2	139
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	3	2	139

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ~~Monday~~ Tues Wed; DATE ~~26~~ 27 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 137; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 137 LESS 137 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey

WILLIAM C CAREY (NAME) Capt M C (GRADE) 319 Inf (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 23, 1943

WD COPY THRU MED OR SCU

COMPANY MORNING REPORT

ENDING 2400 23 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
33301849	Bennett	Pvt	LTV
Fr sk in Sta Hosp EPTI to trfd in gr to Sta Complement Camp Phillips Kansas			
13100365	Kowalski	Pvt	
Fr dy to	sk in Sta Hosp NLD EPTI		

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	5	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	3	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	3	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Wednesday; DATE 27 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; O & OTHERS MESSED 0; MEN PRESENT 136; LESS 136; NET 0; PLUS 0; TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey

WILLIAM C CAREY Capt M C 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 15, 1940 — WD COPY THRU NRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 24 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	5	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	3	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	3	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Thursday; DATE 28 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THE RATION FIGURES IN PART II REPRESENT THE ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey

WILLIAM C CAREY (NAME) Capt MC (GRADE) 319 Inf (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRD OR SCU

COMPANY MORNING REPORT

ENDING 2400 25 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	5	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	3	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	3	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Friday; DATE 29 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey WILLIAM C CAREY (NAME) Capt MC (GRADE) 319 Inf (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 1943

WD COPY THRU MRO OR SCU

COMPANY MORNING REPORT

ENDING 2400 26 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	5	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	3	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	3	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Saturday; DATE 30 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C. Carey

WILLIAM C CAREY (NAME) Capt (GRADE) M C (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 27 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	5	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	3	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	3	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Sunday; DATE 31 Oct 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART III REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey WILLIAM C CAREY (NAME) Capt (GRADE) M C (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRU OR SCU

COMPANY MORNING REPORT

ENDING 2400 28 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	5	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	3	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	3	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Monday; DATE 1 Nov 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; C & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey

WILLIAM C CAREY Capt ~~M C~~ 319 Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MRD OR SCU

COMPANY MORNING REPORT

ENDING 2400 29 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	4	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	4	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	3	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	3	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Tuesday; DATE 2 Nov 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0 PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE William C Carey

WILLIAM C CAREY (NAME) Capt (GRADE) M C (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 15, 1943 — WD COPY THRU MSU OR SCU

COMPANY MORNING REPORT

ENDING 2400 30 (DAY) Oct (MONTH) 194 3 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	4	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	4	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			133	2	2	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			133	2	2	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Wednesday; DATE 3 Nov 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 136; MEN ATCHD FOR RATIONS 0; O & OTHERS MESSED 0; MEN PRESENT 136 LESS 136 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE William C. Carey WILLIAM C CAREY (NAME) Capt (GRADE) M C (ARM OR SERVICE) 319 Inf

W.D., A.G.O. FORM NO. 1 MARCH 23, 1943 WD COPY THRU MPD OR SCU

COMPANY MORNING REPORT

ENDING 2400 31 (DAY) Oct (MONTH) 1943 (YEAR)

STATION Camp Phillips Kansas

ORGANIZATION Med Det (CO. DET. ETC.) 319 Inf (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
35434786	Ratliff	Pvt	
Fr AWOL to arr by Mil Auth St Louis Mo			
as of 0900 25 Oct 43			
Fr arr by Mil Auth St Louis Mo to conf			
Post Guardhouse Jefferson Barracks Mo			
as of 1230 26 Oct 43			
Fr conf Post Guardhouse Jefferson Barracks			
Mo to arr in Company area 0830			

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	4	2	1	1						
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	4	2	1	1						

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	Duce	1	138
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	3	1	138

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK Thursday; DATE 4 Nov 43 — NUMBER 0

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 0 DINNER 0 SUPPER 0 — TOTAL 0 ÷ 3 — AVERAGE 0

III — MEN AUTHORIZED TO MESS SEPARATELY 0; MEN ATCHD FOR RATIONS 0; MEN ATCHD TO OTHER ORGN FOR RATIONS 137; O & OTHERS MESSED 0; MEN PRESENT 137 LESS 137 — NET 0; PLUS 0 — TOTAL 0

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE William C Carey

WILLIAM C CAREY (NAME) Capt M C (GRADE) 319 Inf (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU WRU OR SCU