COMPANY RESTRICTED
MORNING REPORT ENDING 2400 1 (DAY) November (MONTH) 44 (YEAR)

Nord de Guerre Zone

STATION Junglinster, Luxemburg V(P) 9525

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (TARGET UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
38590426	McKlreath, James H. 657	Pvt	T
	Disease (slight) trfd to		657
110th Hosp	Hosp, Non-battle Casualty,		0111
dropd fr asgmt.			
38860756	Marshall, Harold 657	Pfc	T
	fr abs sick LD, Clearing		657
Station unknown to trfd to Hosp unknown,			0111
Non-battle Casualty, dropd fr asgmt. Med			
Channels evacuated through unknown.			

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLD O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	6		5		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		5		5					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			142	1		143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			142	1		143

RATIONS

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

II — MEN 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 & ENLISTED MEN ____ MEN PRESENT ____ SEP ____ MESS ____ TOTAL ____

PART 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT EACH PERSON IS THAT IS REPRESENT OF ACTUAL ORDER APPROVED TO ME.

SIGNATURE

"JOHN R." CLEARY, Jr., Capt. AUSA, Inf., Pers Off.

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RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 2 November 194 4
(DAY) (MONTH) (YEAR)

NORD DE GUERRE ZONE

STATION Junglinster Luxembourg V(P) 9525

ORGANIZATION Med Det 329th Regt MD
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

OFFICER STRENGTH	FLG 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		6		6					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER CMDS										
TOTAL	6		6		6					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			142	1		143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER CMDS						
TOTAL			142	1		143

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — 7 DAY AVER.

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

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

PAGE 1 OF 1 PAGES

I CERTIFY THAT THE MORNING REPORT IS CORRECT AND THAT RATION REQUIRED IS BASED ON ACTUAL TROOPS PRESENTED TO ME.

SIGNATURE John F. Illery

JOHN F. ILLERY, 1ST LT, MC, 2nd Pvt O

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COMPANY RESTRICTED
MORNING REPORT

ENDING 24:00 5 (DAY) November (MONTH) 44 (YEAR)

Nord de Guerre Zone

STATION Junglinster, Luxembourg, V(P) 9325

ORGANIZATION Med Det (CO., DET, ETC.) 329th Regt (PARENT UNIT) M.D. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0-525542	Eitzchter, Louis (3100)	1st Lt.	T
	Disease (slight) trfd to		3100
110th Evac	Hosp 30 Oct 44, Non-battle		3010
Casualty, drpd fr asgmt.			

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	2		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

AVIATION CADETS & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			142	1		143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			142	1		143

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NOTHING CONTAINED IN PART II HAS BEEN ACTED UPON AS ACTUAL COUNT AS ENTITLED TO BE.

SIGNATURE

NAME AND RANK JOSEPH P. CLEARY JR. Capt 329th Inf, Pers Off

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COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 4 (DAY) November (MONTH) 194 4 (YEAR)

STATION Nord de Guerre Zone
Junglinster, Luxemburg, V(P) 9325

ORGANIZATION Med Det (CO. DET. ETC.) 329th Regt (PARENT UNIT) M.D. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
38590426	McElreath, James H. 657	Pvt	G
(E&C) Reasgd and jd fr 110th Evac Hosp.			

OFFICER STRENGTH	FLD & 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		2		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		5					

MEN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			145	1		144
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			145	1		144

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 PRESENT ____ LESS — NET — MEN ATCH'D FOR RATIONS O R OTHERS MESSED ____ PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT SUFFICIENT FUNDS AS HAVE BEEN ENTERED HERE IN FACT IN AMOUNT OR TOTAL AMOUNT IS DUE THEREON.

SIGNATURE
Lt. Col. 329th Inf, Commdg.

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COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 5 (DAY) November (MONTH) 194 4 (YEAR)

Nord de Guerre Zone

STATION Junglinster, Luxemburg V(P) 9325

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) M.D. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD G & 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		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			143	1		144
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			143	1		144

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE STATION PRESENT IS ABSENT AS SHOWN (EXCEPT AS REPORTED TO G2)

SIGNATURE

NAME P. CLARK JR. Capt 329th Infy Pers Off

NAME (PRINTED) TITLE

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 6 (DAY) November (MONTH) 194 (YEAR)

STATION Junglinster, Luxemburg, V(P) 9325

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) M.D. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
17034213	Harris, Robert J. 861	T/5	G
	Reasgd and jd fr 107th		0211
Evac Hosp 2	Nov 44. (LWA)		

OFFICER STRENGTH	FLD G & 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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

AIR CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			144	1		145
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			144	1		145

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS FIGURED IN PART II REPRESENT AN ACTUAL COUNT AS EXPLAINED TO ME.

SIGNATURE

[illegible] Capt 329th Inf Regt

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COMPANY MORNING REPORT RESTRICTED

ENDING 2400 7 November 1944
(DAY) (MONTH) (YEAR)

Nord de Guerre Zone

STATION Junglinster, Luxemburg V(P) 9325

ORGANIZATION Med Det 329th Regt M.D.
(CO. DET. ETC.) (PARENT UNIT) (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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			144	1		145
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			144	1		145

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

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT EACH PERSON IN THAT IS REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE John H. Kearney Jr

JOHN H. KEARNEY JR, Capt 329th Inf, Adjt OIC
(GRADE AND TITLE)

NO COPY THIS MO OR RCD

COMPANY RESTRICTED

MORNING REPORT ENDING 2400 8 (DAY) November (MONTH) 1944 (YEAR)

Nord de Guerre Zone

STATION Junglinster, Luxemburg, V(P) 9325

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) M.D. (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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT PLR BY	ABSENT	PRESENT AND ABSENT
ASSIGNED			144	1		145
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			144	1		145

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT MEN CARRIED IN PERSONAL REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE

JOHN [illegible] GRAHAM JR, Capt 329th Inf, Pers Off

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COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 9 (DAY) November (MONTH) 1944 (YEAR)

STATION Nord de guerre Zone Junglinster, Luxemburg, V(P) 9325

ORGANIZATION Med Det (CO., DET., ETC.) 329th Regt (PARENT UNIT) M.D. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
15057482	Marcum, Arnold J. 657	Pvt	J
Reld fr asgmt and trfd to Headquarters Company, 329th Infantry.			

Lt

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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			143	1		144
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			143	1		144

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 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

TYP. GEORGE CLEARY JR. Capt. 329th Inf. Pers Off.

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 10 (DAY) November (MONTH) 194 4 (YEAR)

STATION Nord de Guerre Zone Junglinster V(P) 9325

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) M.D. (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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			143	1		144
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			143	1		144

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

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 John T. Gilbert Jr.

NAME JOHN T. GILBERT JR, Capt 329th Inf, Regt Off.

NO COPY MAY BE MADE ON SUN

COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 11 (DAY) November (MONTH) 194 4 (YEAR)

STATION Junglinster, V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO. DET. ETC.) 329th Regt (PARENT UNIT) M.D. (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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVIATION CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	ABSENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			143	1		144
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			143	1		144

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

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION THEREIN IS THAT IS REPRESENT AN ACTUAL COUNT AS REQUIRED BY LAW.

SIGNATURE

W.O. [illegible] CLEBER JR., Capt. [illegible] I [illegible] THIS OFF

COMPANY RESTRICTED
MORNING REPORT ENDING 2400 12 (DAY) November (MONTH) 4 (YEAR)

STATION Junglinster V(P) 9325 Nord De Guerre Zone
ORGANIZATION Med Det (CO., DET., ETC.) 529th Regt (PARENT UNIT) M. D. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
35714158	Travis, Dallas L. 861	T/4	
Dy to abs sick 306th Med Bn Clearing Sta (Non-Battle) 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	6		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT PRS. DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			142	1	1	144
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			142	1	1	144

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT PERSONS PRESENT IN THAT A REPRESENT AN ACTUAL ORDER OR REPORTED TO US.

SIGNATURE

W. DANIEL CLEARY JR. Capt. MC, Inf, Pet Off
(GRADE) (ORGANIZATION) (GRADE OF OFFICER)

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COMPANY RESTRICTED
MORNING REPORT

ENDING 1400 13 (DAY) November (MONTH) 19 44 (YEAR)

STATION Junglinster V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
38471445	Earls, Bert L.	Pvt	M4
(Dy 657) SWA dropped from assignment to			
110th Evac Hosp per Sec II, Cir 69, Hq			
European T Opns, U.S.A.			
37193080	Hunter, Freeman L. 657	Pvt	16
33327208	Hazarene, Joseph 657	Pvt	(131)
Above 2 EM Dy to AWOL 12 Nov 44, 2200.			

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		2		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		5					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			139	1	3	143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			139	1	3	143

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 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
WM. JOHN C. CLEARY JR. Capt. 329th Inf, Pers Off.
NAME, RANK, AND ORGANIZATION OF OFFICER

83rdinfdivdocs.org

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 14 (DAY) November (MONTH) 194 4 (YEAR)

STATION Junglinster V(P) 9325 Nord De Guerre Zone

ORGANIZATION Med Det (CO. DEP. ETC.) 329th Regt (PARENT UNIT) M.D. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
37193080	Hunter, Freeman L. 657	Pvt	7
33327208	Nazarene, Joseph 657	Pvt	131
AWOL to dy	13 Nov 44. 0600		

OFFICER STRENGTH	PROB 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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			141	1	1	143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			141	1	1	143

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 ATEND FOR RATIONS ____ MEN ATEND TO OTHER ORGN FOR RATIONS ____ — NET ____ — O & OTHERS MESSED ____ — TOTAL ____ — MEN PRESENT ____ LESS ____ PLUS ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT EACH ENTRY MADE IN FACT IS REPRESENT AN ACTUAL EVENT AS REPORTED TO ME.

SIGNATURE

1st Lt. GRAHAM, Capt 329th Inf, Pers Off.

NAME, GRADE, ORGANIZATION AND TITLE

COMPANY RESTRICTED
MORNING REPORT ENDING 2400 15 (DAY) November (MONTH) 194 4 (YEAR)

STATION Junglinster, V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) M.D. (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	3		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			141	1	1	143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			141	1	1	143

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE RATION FIGURES AT THE BOTTOM REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE

JAMES F. CLEARY JR, Capt. 329th Inf, Pers Off.

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 16 (DAY) November (MONTH) 1944 (YEAR)

STATION Jumglinster V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD & CAPT		1ST LT		2ND LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	6		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

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AIR CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			141	1	1	143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			141	1	1	143

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 ____ — NET ____ — O & OTHERS MESSED ____ — TOTAL ____ — MEN PRESENT ____ LESS ____ PLUS ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION ENTRIES IN PART II REPRESENT AN ACTUAL COUNT AS REQUIRED TO BE.

SIGNATURE

[illegible]: CURRY, JR Capt 329th Inf, Pers Off

COMPANY RESTRICTED
MORNING REPORT ENDING 2400 17 (DAY) November (MONTH) 1944 (YEAR)

STATION Funglinster V(P) 9525 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME		GRADE	CODE
6152031	Pappas, Rudolph P.	673	S/Sgt	J
39138740	Levy, Paul	657	Pfc	J
39296938	Pasce, Orval K.	657	Pfc	J
37532248	Estes, Oran D.	657	Pvt	J
37193080	Hunter, Freeman L.	657	Pvt	J
42040849	Rosenbaum, Robert A.	657	Pvt	J
Above 6 EM drpd fr asgmt and trfd to 308th Med Bn, 83d Inf Div.				
32465414	Costa, Joseph	657	Pvt	T
Dy to dropped from assignment to110 Evac Hosp per Sec II, Cir 69, Hq European T Opns U S A. (Non-Battle).				

OFFICER STRENGTH	FLD G & 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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1	1	136
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	1	1	136

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES AS SHOWN ARE ACCURATE AND CORRECT AS DEMANDED BY LAW.

SIGNATURE

TYPED JAMES CLANT JR., Capt. 329th Inf, Pers Off

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COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 18 (DAY) November (MONTH) 194 4 (YEAR)

STATION Junglinster V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., DET., ETC.) 329th Regt (PARENT UNIT) MD (APO OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	6		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGS										
TOTAL	6		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1	1	136
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGS						
TOTAL			134	1	1	136

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 ORGS FOR RATIONS ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ — RET ____ — TOTAL ____

MEN PRESENT F ____ LESS ____ PLUS ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NATIONS PRESENT TO MEET A REQUISITION AS ABOVE SHOWN AS APPROPRIATE TO ME.

SIGNATURE

Capt, Sanitary Corps, Inf, Pers Off.

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RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 19 (DAY) November (MONTH) 44 (YEAR)

STATION Junglinster, V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BTY., ETC.) 329th Regt (PARENT UNIT) MD (NAME OR DESIGN.)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD G & 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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

AVI CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1	1	136
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	1	1	136

RATIONS

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

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

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

PAGE 1 OF 1 PAGES

I CERTIFY THAT THE MORNING REPORT IS CORRECT AND THAT RATIONS REQUIRED IS WHAT IS REPRESENT AS ACTUALLY MESS ATTENDERS TO ME.

Allen Allsday 2d

SIGNATURE

1st Lt CLARK B. Det 329th Inf, Pers Off

NAME, GRADE, ORGANIZATION AND TITLE

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COMPANY RESTRICTED
MORNING REPORT ENDING 2400 20 (DAY) November (MONTH) 194[illegible] (YEAR)

STATION Junglinster V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) MD (BRN OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD & STAFF		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	6		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR O. FOR DUTY										
TOTAL	6		2		3					

AVIA CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1	1	136
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGS						
TOTAL			134	1	1	136

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 ORGS FOR RATIONS ____ MEN ATCHD FOR RATIONS O & OTHERS MESS ____ — MEN PRESENT ____ LESS ____ NET ____ PLUS ____ TOTAL ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT CAUSES CHANGED IN PART IN DEPENDENT ON ACTUAL REPORTS RECEIVED TO ME.

SIGNATURE [illegible]

[illegible] Lt, "Pers Off."

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COMPANY RESTRICTED
MORNING REPORT ENDING 2400 21 (DAY) November (MONTH) (YEAR)

STATION Junglinster V(P) 9325 Nord de Guerre Zone
ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) MD. (ARM OR SERVICE)

SERIAL NUMBER	NAME		GRADE	CODE
38590426	McElreath, James H.	657	Pvt	T
Dy to dropped from assignment to 110 Evac Hosp per Sec II Cir 69 Hq European T Opns U S A. (Non-Battle) (LD).				657
35714158	Travis, Dallas L.	861	T/4	
RTD fr 308 Med Bn Clearing Sta (Non-Battle) (LD)				
36832980	Baird, John W. Jr.	657	Pvt	
18163148	House, Grover P.	521	Pvt	
35775256	Fishman, Sylvain J.	657	Pvt	
42058796	Furst, Samuel R.	657	Pvt	
15259700	French, Thomas M.	657	Pvt	
33719160	Keith, Marshall D.	657	Pvt	11
33799893	Kirk, George E.	657	Pvt	7
31396008	Martin, Alfred A.	657	Pvt	
34883386	Morgan, George L.	657	Pvt	
35794024	Patrick, Eugene R.	521	Pvt	
38556600	Radicke, Arland	657	Pvt	
33762081	Shaulis, Vernon D.	657	Pvt	
68543443	Zavatski, John J.	861	Pvt	
Above 13 EM aptd Pfc.				2

OFFICER STRENGTH	FLD G & 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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT AND DUTY	PRESENT NOT PAR ST	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1		135
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	1		135

RATIONS

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

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

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

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT MEN SHOWN IN THIS ATTENDANCE AS ABSENT HAVE BEEN REPORTED TO ME.

SIGNATURE

NAME, RANK, ORGANIZATION Capt. 329th Inf Part Off.

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COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 22 (Day) November (Month) 194 4 (Year)

STATION Junglinster, V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (Co., Bat., etc.) 529th Regt (Branch, Unit) M.D. (Arm or Service)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD G & 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		2		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		5					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1		135
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	1		135

RATIONS

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

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NO NEW ENTRIES IN THIS REPORT DEPARTS AN ACTUAL CHANGE IN STATUS TO ME.

SIGNATURE

JOHN T. CLEARY JR., Capt. 529th Inf., Pers Off.

COMPANY MORNING REPORT RESTRICTED

ENDING 2400 25 (DAY) November (MONTH) 194 4 (YR)

STATION Junglinster, V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	2D 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		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGS										
TOTAL	6		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			154	1		155
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGS						
TOTAL			154	1		155

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK / DATE — NO. MEN

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN EATING FOR RATIONS O & OTHERS NEEDED ____ MEN EATING TO OTHER ORGS FOR RATIONS ____ MEN PRESENT ____ LESS ____ NET ____ PLUS ____ TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT PAYROLL SIGNED OR PAID IS REPRESENTED AS ACTUAL MONEY EXPENDED TO ME.

SIGNATURE

JOHN F. GRAZIER, Capt., 329th Inf Pers Off

ARMY A-126 AG COPY NO. ___ OF ___

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RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 24 (DAY) November (MONTH) 194 4 (YEAR)

STATION Junglinster, V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., DET., ETC.) 329th Regt (PARENT UNIT) MD. (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD O & CADT		1ST LT		2D LT		WO		2LT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	6		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1		135
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	1		135

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 F ____ EXCS ____ NET ____ PLUS ____ TOTAL ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION TRUCKS OR MEALS REPORTED AS ACTUAL CHARGE HAVE BEEN SERVED TO MEN.

SIGNATURE: Glen Gillery Jr.

** GLEN GILLERY, JR., Capt. 329th Inf. Regt. Offr

LAST, 1ST

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COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 25 (DATE) November (MONTH) 194 4 (YEAR)

STATION Junglinster V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO., DET., ETC.) 329th Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0-364944	Jacobs, William 3100	Capt	K
Reld fr asgmt and trfd to 461st AAA AW Bn, 22 November 1944.			224

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		W3		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	5		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5		2		3					

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AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			134	1		135
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			134	1		135

RATIONS

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

II — MEN AT MESS 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 ____ — NET ____ — TOTAL ____
MEN PRESENT F ____ LESS ____ PLUS ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT MATTER STATED IN FACT IS REPRESENT AN ACTUAL COUNT AS REPORTED TO ME

SIGNATURE John Albany Jr

** [illegible] Capt. 326th Inf Pers Off.

COMPANY MORNING REPORT RESTRICTED

ENDING 2400 26 (DAY) November (MONTH) 194 4 (YEAR)

STATION Junglinster V(P) 9325 Nord de Guerre Zone

ORGANIZATION Med Det (CO. DET. ETC.) 329th Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
32465414	Costa, Joseph 657	Pvt	G
MOS 657 aagd and jd fr 110 Evac Hosp.			

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		3					
ATTACHED UNASSIGNED										
ATTACHED FR O PER ORGN										
TOTAL	5		2		3	-				

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			155	1		156
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			155	1		156

RATIONS

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

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 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION VOUCHER IS FOR A NUMBER AND ACTUAL MEALS CONSUMED IN MS.

SIGNATURE

NAME JOHN D. CLEMENT JR., Capt. 329th Inf, Pers Off

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RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 27 (DAY) November (MONTH) 194 4 (YEAR)

STATION Junglinster V(P) 9525 Nord de Guerre Zone

ORGANIZATION Med Det (CO., BAT., ETC.) 523th Rept (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
37610613	Whitener, Cecil L.	Pfc	G
(MOS 657) Aug'd and jd fr 110 Evac Hosp.			
(Non-Battle) ED.			

OFFICER STRENGTH	FLD G & 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		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5		2		5					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			136	1		137
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			136	1		137

RATIONS

I. ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ — NO. MEES

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

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

PAGE 1 OF 1 PAGES

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

SIGNATURE

TYPED NAME, GRADE AND ORGANIZATION OF OFFICER SIGNING

Capt. Med. Inf, "Pers Off."

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COMPANY RESTRICTED
MORNING REPORT ENDING 2400 28 (DAY) November (MONTH) 194 4 (YR)

STATION Junglinster V(P) 9325 Nord de Guerre

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD G & CAPT		1ST LT		2ND LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	5		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR O PER GRDS										
TOTAL	5		2		3					

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AVIATION CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			156	1		157
ATTACHED UNASSIGNED						
ATTACHED FR OTHER GRDS						
TOTAL			156	1		157

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 O & OTHERS MESSED ____ MEN ATCHD TO OTHER ORGS FOR RATIONS ____ — NET — TOTAL
MEN PRESENT ____ LESS ____ PLUS ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT MATTER FIGURED IN PARA 3 REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE

JOHN [illegible] CLEARY JR, Capt 329th Inf, Pers Off

COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 29 (DAY) Nov (MONTH) 4 (YEAR)

STATION Junglinster VP 9325 Nord De Guerre

ORGANIZATION Med Det (CO., BAT., ETC.) 329th Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

OFFICER STRENGTH	FLD O & CIPC		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		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGS										
TOTAL	5		2		3					

AVIA CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			156	1		157
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGS						
TOTAL			156	1		157

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE — N. NUM. OR

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

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

MEN PRESENT F ____ CBS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NATURE STATED OF PART IN DEPARTMENT AND OTHERWISE CORRECT AS NOTED PRIOR TO ME.

SIGNATURE Robert Allery Jr

ROBERT ALLERY JR CAPT SC USA Pers O

W.D., A.G.O. FORM NO. 1 MARCH 1, 1942 — NO COPY THIS MSG OR SCU

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RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 30 November 194 4
(DATE) (MONTH) (YEAR)

STATION Junglinster VP 9325 Nord De Guerre

ORGANIZATION Med Det (CO., DET., ETC.) 329th Regt (PARENT UNIT) Inf (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		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5		2		3					

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AVIATION CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			136	1		137
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			136	1		137

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 ____ C & OFFICERS MESSES ____ — MEN PRESENT F ____ ENL ____ — KEY ____ PLUS ____ — TOTAL ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PLACED IN PART II REPRESENT AN ACTUAL COUNT AS REQUIRED.

SIGNATURE: John F. O'Neary Jr

TYPED NAME: JOHN F. O'NEARY JR Capt. 329th Inf Regt. Pro.