

RESTRICTED

**COMPANY MORNING REPORT**

ENDING 2400 1 October 1944 (DAY) (MONTH) (YEAR)

STATION 1 mi E Military U812244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

*MM*

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			PRESENT AND ABSENT
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			32

**R A T I O N S**

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK } NUMBER }  
 DATE }   
 II MESS ATTENDANCE FOR DAY OF THIS REPORT TOTAL + AVERAGE }  
 BREAKFAST DINNER SUPPER }   
 III MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD FOR RATIONS } TOTAL }  
 MEN ATCHD TO OTHER ORGN FOR RATIONS } NET } & OTHERS MESSD }  
 MEN PRESENT : LESS PLUS

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

SIGNATURE ROBERT A. ROBBINS CMC USA Para O  
(NAME) (GRADE) (ARM OR SERVICE)

**COMPANY  
MORNING REPORT**

**RESTRICTED**

**ENDING  
2400**

**2 October**

**1944**

**STATION** 1 Mi B Military **US12244**

**ORGANIZATION** Hq & Hq Det **305th Med Bn** **MD**  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<b>No Change</b>			

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				2			
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN					1					
<b>TOTAL</b>	6		2		1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN				TOTAL PRESENT AND ABSENT
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	ABSENT	
ASSIGNED			32				32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN							
<b>TOTAL</b>			32				32

**R A T I O N S**

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK DATE NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT TOTAL AVERAGE

BREAKFAST DINNER SUPPER

III MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD FOR RATIONS  
MEN ATCHD TO OTHER ORGN FOR RATIONS NET O & OTHERS MESSD TOTAL

MEN PRESENT LESS PLUS

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 BY MEN

SIGNATURE **ROBERT L. ROBBINS** OWO USA Para 0  
(NAME) (GRADE) (ARM OR SERVICE)

# COMPANY MORNING REPORT

ENDING  
2400

RESTRICTED

5 October

1944  
(YEAR)

STATION 1 mi S Millery UB12244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6		2		1		2			

AVN CADEY & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	FRESHLY AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			32

**R I** ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK \_\_\_\_\_ NUMBER \_\_\_\_\_  
 DATE \_\_\_\_\_

**Y II** MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE
			4	3

**Q 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 FIGURES IN PART REPRESENT AN ACTUAL COUNT AS REQUIRED TO BE

SIGNATURE ROBERT L. ROBBINS CWO USA Para O  
(NAME) (GRADE) (ARM OR SERVICE)

**COMPANY  
MORNING REPORT**

**RESTRICTED**

ENDING  
2400

**4 October**  
(DAY) (MONTH)

**1944**  
(YEAR)

STATION **1 ml S Millery**

**UB12244**

ORGANIZATION **Hq & Hq Det**  
(CO. DET. (TC.))

**305th Med Bn**  
(PARENT UNIT)

**MD**  
(ARM OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<b>No Change</b>			

*YMM*

OFFICER STRENGTH	PLD 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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6		2		1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			32

**R** I ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK \_\_\_\_\_ NUMBER \_\_\_\_\_

**A** DATE \_\_\_\_\_

**T** II MESS ATTENDANCE FOR DAY OF THIS REPORT

TOTAL	+	AVERAGE

**I** III BREAKFAST DINNER SUPPER

**O** MEN AUTHORIZED TO MESS SEPARATELY \_\_\_\_\_ MEN ATCHD FOR RATIONS \_\_\_\_\_

**M** MEN ATCHD TO OTHER ORGN FOR RATIONS \_\_\_\_\_ NET \_\_\_\_\_ O & OTHERS MESSED \_\_\_\_\_ TOTAL \_\_\_\_\_

**S** MEN PRESENT \_\_\_\_\_ LESS \_\_\_\_\_ PLUS \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_ 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 **ROBERT L. ROBBINS** OWG USA Para O  
W.D. A. G. O FORM NO. 1 (NAME) (GRADE) (ARM OR SERVICE)  
MARCH 1944 WD COPY THIS REG OR SCR

COMPANY MORNING REPORT

RESTRICTED

INDICATING 2400 5 October 1954 4 (DAY) (MONTH) (YEAR)

STATION 1 MI 3 of Millery U 812 244

ORGANIZATION Hq & Hq Det 305th Med Bn (CO. DET. ETC.) (PRESENT UNIT) MD (ARM OR SERVICE)

Table with columns: SERIAL NUMBER, NAME, GRADE, CODE. Content: No Change

Table with columns: OFFICER STRENGTH, FLD O & CAPT, 1ST LT, 2D LT, WO, FLT O. Rows: ASSIGNED, ATTACHED UNASSIGNED, ATTACHED FR OTHER ORGN, TOTAL

Table with columns: AVN CADET & ENLISTED STRENGTH, AVIATION CADETS, ENLISTED MEN. Rows: ASSIGNED, ATTACHED UNASSIGNED, ATTACHED FR OTHER ORGN, TOTAL

RATIONS REQUIRED FOR DAY OF WEEK DATE, MESS ATTENDANCE FOR DAY OF THIS REPORT, MEN AUTHORIZED TO MESS SEPARATELY, MEN ATCHD FOR RATIONS

PAGE 2 OF 2 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT FIGURES IN PART II REPRESENT THE ACTUAL SITUATION AT THE TIME REPORTED TO ME

SIGNATURE ROBERT L. ROBBINS CWO USA Para O W.D., A.S.G. FORM NO. 1 (NAME) (GRADE) (ARM OR SERVICE) MARCH 25, 1953 50 COPY THREE MRB OR 6CN

**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING 2400

6 October (DAY) (MONTH)

1944 (YEAR)

STATION 1 mi S of Millery U 812 244

ORGANIZATION Hq & Rq Det 305th Med Bn (CO. UNIT, ETC.) (PARENT UNIT)

MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ASS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	6		2				2			
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN					1					
<b>TOTAL</b>	<b>6</b>		<b>2</b>		<b>1</b>		<b>2</b>			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN		
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT
ASSIGNED			32		32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN					
<b>TOTAL</b>			<b>32</b>		<b>32</b>

**R** ESTIMATED NUMBER OF DAY OF WEEK NUMBER

**A** RATIONS REQUIRED FOR DATE

**T** MESS ATTENDANCE FOR DAY OF THIS REPORT

			TOTAL	+	AVERAGE
<b>I</b>	BREAKFAST	DINNER	SUPPER	3	

**O** MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD FOR RATIONS O & OTHERS MESSED

**N** MEN ATCHD TO OTHER ORGN FOR RATIONS NET TOTAL

**S** MEN PRESENT LESS PLUS

PAGE 1 OF 1 PAGES  
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PERT. IF REPRESENT AN ACTUAL COURT OR REPORTED TO ME

SIGNATURE **ROBERT L. ROBBINS OWO USA PERS O** (NAME) (GRADE) (ARM OR SERVICE)  
 W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 (WD COPY THRU MEN OR GCI)

**COMPANY MORNING REPORT**

RESTRICTED

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

STATION 1 Mi S of Millary U 812 244  
ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DET, ETC.) (PLACENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

OFFICER STRENGTH	PLD 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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	6		2		1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
		MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL 3 AVERAGE
O N S	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS O & OTHERS MESSD	TOTAL
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET PLUS	TOTAL
MCN PRESENT		LESS		

PAGE 1 OF 1 PAGES  
I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION NUMBERS REPRESENT HERETOFORE AN ACTUAL COUNT AS REPORTED TO ME.  
SIGNATURE ROBERT J. ROBBINS ONO USA PERS O  
W.D., A.G.D. FORM NO. 1 (NAME) (GRADE) (ARM OR SERVICE)  
MARCH 25, 1943 WD COPY THREE ERU OR SCU

# COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 8 October 1944  
(DAY) (MONTH) (YEAR)

STATION 1 mi S of Yallery U 812 244

ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DEPT, ETC.) (ARMY UNIT) (ARM OR SERVICE)

SERIAL NO. #.	NAME	GRADE	CODE
No Change			
RECORD OF EVENTS			
Men entertained by USO show this afternoon			

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	6		2				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>6</b>		<b>2</b>		<b>1</b>		<b>2</b>			
AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN							
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT				
ASSIGNED			32			32				
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>			<b>32</b>			<b>32</b>				

R	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
A			DATE	
T	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		
I		BREAKFAST	DINNER	SUPPER
O				
R	III	MEN AUTHORIZED TO MESS SEPARATELY		
S		MEN ATCHD TO OTHER ORGN FOR RATIONS		
		NET	O & OTHERS MESSD.	TOTAL
		PLUS	LESS	

CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE FIGURES ARE TRUE AND CORRECT AN ACTUAL ACCOUNT OF THE DUTY PERFORMED

SIGNATURE ROBERT L ROEBINS OWO USA PERS O  
(NAME) (GRADE) (ARM OR SERVICE)



COMPANY MORNING REPORT

RESTRICTED

ENDING 2400

9 October (DAY) (MONTH)

1944 (YEAR)

STATION 1 mi S Millery U812244

ORGANIZATION Hq & Hq Det 305th Med Bn MD (CO. DET. ETC.) (PARTY UNIT) (ARM OR SERVICE)

Table with 4 columns: SERIAL NUMBER, NAME, GRADE, CODE. Entry: No Change

Table with 10 columns: OFFICER STRENGTH, FLD O & CAPT, 1ST LT, 2D LT, WO, FLT O, and sub-columns for PRESENT and ABSENT.

Table with 7 columns: AVN CADET & ENLISTED STRENGTH, AVIATION CADETS, ENLISTED MEN, and sub-columns for PRESENT and ABSENT.

Table with 6 rows (R, A, T, I, O, M, S) and 4 columns for ration and mess attendance data.

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND... (NAME) REPORTED TO ME...

SIGNATURE

ROBERT L. ROBBINS (NAME)

GWO USA

Para 0

M.D. 1-0-0 FORM NO. 1 MARCH 1943

WE COPY THRU MRD ON SCR

**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING 2400

10 October  
(DAY) (MONTH)

4  
(YEAR)

STATION J mg Military 0812244

ORGANIZATION Hq & Hq Det 505th Med Bn MD  
(CO, BTL, ETC) (FARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

OFFICER STRENGTH	PLD 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					2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6	2			1		2			

AVR CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER	
			DATE		
T I O	II	MESS ATTENDANCE FOR DAY OF THIS REPORT	TOTAL	+	AVERAGE
		BREAKFAST DINNER SUPPER		3	
		MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	NET	O & OTHERS MESSED
S	III	MEN ATCHD TO OTHER ORGN FOR RATIONS	MEN PRESENT	LESS	PLUS

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

SIGNATURE ROBERT L. ROBBINS CWO USA Page 0  
(NAME) (GRADE) (ARM OR SERVICE)

**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING  
2:00

**11 October**

1952

STATION **1st MI S Millery**

**121224A**

ORGANIZATION **Hq & Hq Det**

**305th Med Bn**

**MO**

SERIAL NUMBER	NAME	GRADE	CODE
<b>No Change</b>			

*DM*

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK		NUMBER	
			DATE			
O T H E R	II	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE
		BREAKFAST	DINNER	SUPPER	÷ 3	
S T A T I S T I C S	III	MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD TO OTHER ORGN FOR RATIONS MEN PRESENT     LESS	MEN ATCHD FOR RATIONS O & OTHERS MESSED NET	PLUS	TOTAL	

# COMPANY MORNING REPORT

RECEIVED

ENDING 2200

12 October 1944

STATION 1 mi S Miliary UB12244

ORGANIZATION Ho & Hq Det 305th Med Bn MD  
(CO. DET. ETC.) (PARENT UNIT) (AREA OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

*M/M*

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER			
		MESS ATTENDANCE FOR DAY OF THIS REPORT	DATE				
D I N E R	II	BREAKFAST	DINNER	SUPPER	TOTAL	+ 3	AVERAGE
		MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS		0 & OTHERS MESSED	
		MEN ATCHD FOR OTHER ORGN FOR RATIONS		NET	TOTAL		
S	III	MEN PRESENT	LESS	PLUS			

# COMPANY MORNING REPORT

**REGISTERED**

ENDING 2400

13 October  
(DAY) (MONTH) (YEAR)

1944

STATION 1 mi S Millery U812244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO BATT. 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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6		2		1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADEYS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			52

RATIONS	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK		NUMBER
		DATE	DATE	
MESS ATTENDANCE	MESS ATTENDANCE FOR DAY OF THIS REPORT	TOTAL		AVERAGE
		+	3	
	BREAKFAST DINNER SUPPER			
MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD TO OTHER ORGN FOR RATIONS	MEN ATCHD FOR RATIONS		TOTAL
		O & OTHERS MESSED		
		NET		
MEN PRESENT	MEN PRESENT	PLUS		
		LESS		

**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING 2400 14 October 1944  
(DAY) (MONTH) (YEAR)

STATION 1st Sillery USL 244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<b>No Change</b>			

*MM*

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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>6</b>		<b>2</b>		<b>1</b>		<b>2</b>			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>32</b>			<b>32</b>

R A Y	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK _____ DATE _____		NUMBER
		MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL	AVERAGE
I O N S	II	BREAKFAST	DINNER	SUPPER	3
		MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	O & OTHERS MESSED
		MEN PRESENT	LESS	PLUS	

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT POSITION FIGURES IN FACT DO REPRESENT AN ACTUAL COUNT AND SERVICE STATUS.

SIGNATURE ROBERT L. ROBBINS CWO USA POV O  
(NAME) (GRADE OR SERVICE)

**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING 2400

15 October

1944

STATION **1st S Millery**

**UG 12244**

ORGANIZATION **Hq & Hq Det**

**305th Med Bn**

**MD**

(CO, DET, ETC.)

(PARTY UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<b>No Change</b>			

*MM*

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	6		2					2		
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN					1					
<b>TOTAL</b>	<b>6</b>		<b>2</b>		<b>1</b>			<b>2</b>		

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>32</b>			<b>32</b>

R A	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER		
			DATE			
T I	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL	AVERAGE	
		BREAKFAST	DINNER	SUPPER	+ 3	
		MEN AUTHORIZED TO MESS SEPARATELY			MEN ATCHD FOR RATIONS	
N S	III	MF, 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 THE RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS SET FORTH TO THE

# COMPANY MORNING REPORT

RESTRICTED

ENDING 16 0 1944  
(DAY) (YEAR)

STATION **1 st Millery US12244**  
 ORGANIZATION **Hq & Hq Det 305th Med Bn MD**  
(CO. DET. ETC.) (PARENT UNIT) (ARK OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

*MM*

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
		MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL
B R E A K F A S T	II	BREAKFAST	DINNER	SUPPER
		MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS O & OTHERS MESSED	
G I N N	III	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	TOTAL
		MEN PRESENT	LESS	PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT AND THAT RATION FIGURES (PART II) REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE **ROBERT L. ROBBINS CWO USA**



# COMPANY MORNING REPORT

ENDING 2400

RESTRICTED

17 October

1944

STATION 1 mi S HALLERY US12244  
 ORGANIZATION Hq & Hq Det 305th Med Bn VD  
(CO., DET., ETC.) (PARASY UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT C	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	6		2				2			
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN					1					
TOTAL	6		2		1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WORK DATE	NUMBER	
		MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL + AVERAGE	
J O N E S	II	BREAKFAST	DINNER	SUPPER	
		MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS O & OTHERS MESSD		TOTAL
S	III	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET		
		MEN PRESENT	LESS	PLUS	

PAGE 1 OF 1 PAGES  
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ALL FIGURES IN PART II REPRESENT AN ACTUAL COUNT OF REPORTED MEN

ROBERT L. ROBBINS CMO USA Page 0

# COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 18 October 1944  
(DAY) (MONTH) (YEAR)

STATION 1 mi S Military UA12244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

*mm*

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
			DATE	
T I M E	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL → AVERAGE
		BREAKFAST      DINNER      SUPPER		3
M E N	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	TOTAL
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	
S		MEN PRESENT	LESS	PLUS

PAGE 1 OF 1 PAGES

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

SIGNATURE **ROBERT L. ROBBINS CWO USA** Para 0  
W.D. AGO FORM NO. 1 (MARCH 1943) (GRADE) (ARM OR SERVICE)

**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING **19 October 1944**  
 2400 (DAY) (MONTH) (YEAR)

STATION **1 mi S Millery US12244**  
 ORGANIZATION **Hq & Hq Det 305th Med Bn MD**  
(CO. DET. ETC.) (PARENT U' IT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

*MM*

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABS'NT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER			
			DATE				
M E S S	II	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	+	AVERAGE
		BREAKFAST	DINNER	SUPPER			
M E N	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	O & OTHERS MESSED	TOTAL		
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET				
		MEN PRESENT	LESS	PLUS			

PAGE **1** OF **1** PAGES  
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ALL FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE **ROBERT L. ROBBINS OWO US**  
(NAME) (GRADE) (ARM OR SERVICE)

**COMPANY  
MORNING REPORT**

**RESTRICTED**

ENDING  
2400

**20 October**  
(DAY) (MONTH)

194 **4**  
(YEAR)

STATION **1 mi S Military US12244**

ORGANIZATION **Hq & Hq Det 305th Med Bn MD**  
(CO. DET. ETC.) (PRESENT UNIT) (AVN OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

OFFICER STRENGTH	PLD C & 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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6		2		1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			32

R	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
A			DATE	
T	II	LESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL +
I		BREAKFAST DINNER SUPPER		AVERAGE /
O	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	
N		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	Q & OTHERS MESSD TOTAL
S		PRESENT LESS		PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE FIGURES IN PART II REPRESENT AN ACTUAL CENSUS AS OF THE TIME PREPARED

SIGNATURE **ROBERT L. ROBBINS CWO USA** (NAME) (RANK OR SERVICE)  
 U.S. A.C.O. FORM NO. 1 (REV. 4-56) 145  
 MAIL COPY THRU PRU OR SCU

# COMPANY MORNING REPORT

RESTRICTED

ENDING 2400

21 October

1944

4

(DAY)

(MONTH)

(YEARS)

STATION **1st S Millery U812244**

ORGANIZATION **Hq & Hq Det**

**305th Med Bn**

**MD**

(CO, DE, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
55129902	Brandle, Frank J., Jr. Lt. dy to As Sk. 305th Med Bn Ctr Sta Fr Ab Sk 305th Med Bn Ctr Sta to lost to hospital eff 20 October 1944 M09-584	M/Sgt	T
YM			

OFFICER STRENGTH	PLD 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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>6</b>		<b>2</b>		<b>1</b>		<b>2</b>			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			31			31
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>31</b>			<b>31</b>

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER			
		MESS ATTENDANCE FOR DAY OF THIS REPORT					
	II	BREAKFAST	DINNER	SUPPER	TOTAL	+	AVERAGE
		MEN AUTHORIZED TO MESS SEPARATELY					
	III	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	MEN ATCHD FOR RATIONS O & OTHERS MESSED		TOTAL	
		MEN PRESENT	LESS	PLUS			

PAGE 1 OF 1 PAGES

I CERTIFY IN MY MORNING REPORT IS CORRECT AND TRUE. I HAVE CHECKED ALL PARTS THEREOF AS AN ACTUAL DUTY AS REPORTED TO ME.

SIGNATURE

**ROBERT L. ROBBINS CWO USA**

Page 0

W. O., A. G. O. FORM NO. 1

(NAME)

(GRADE) (ARM OR SERVICE)

MARCH 15, 1943

WD COPY THRU MRV OR SCU

**COMPANY  
MORNING REPORT**

ENDING 22 October 1944  
(DAY) (MONTH) (YEAR)

**REGISTERED**

STATION 1 mi S Millery 0812244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(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				2			
ATTACHED UNASSIGNED					1					
ATTACHED ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>6</b>		<b>2</b>		<b>1</b>		<b>2</b>			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			31			31
ATTACHED UNASSIGNED						
ATTACHED ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>31</b>			<b>31</b>

**REPORTING DATA**

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT	DATE	
O T H E R	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS O & OTHERS MESSED	TOTAL
	IV	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	
	V	MEN PRESENT	LESS	PLUS

PAGE 1 OF 1 PAGES  
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES THEREIN REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.  
 SIGNATURE ROBERT L. ROBBINS CWO USA Para 0  
(NAME) (GRADE) (ARM OR SERVICE)  
 W.D. A.G.O. FORM NO. 1 MARCH 15 1943 WD COPY THRU MRU OR SCU

# COMPANY MORNING REPORT

RESTRICTED

ENDING 2400  
(DAY)

23 October  
(MONTH)

1944  
(YEAR)

STATION 1 mi S of Millery U 812 244

ORGANIZATION Hq & Hq Det 305th Med Bn

MD  
(AFF OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No change		

OFFICER STRENGTH	PLD 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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6		2		1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			31			31
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			31			31

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		AVERAGE
		BREAKFAST	DINNER	SUPPER
		MEN AUTHORIZED TO MESS SEPARATELY		
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	O & OTHERS MESSED
		MEN PRESENT	LESS	PLUS
				TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND ACCURATELY REFLECTS THE PRESENT ACTUAL STRENGTH AND MESSING STATUS OF THE COMPANY AS REPORTED TO ME

**ROBERT L. ROBBINS** OWO USA PERS O

SIGNATURE (NAME) GRADE (AFF OR SERVICE)

**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING 2400  
(DAY)

24 October  
(MONTH)

4  
(YEAR)

STATION 1 mi S Millery U812244

ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

*mm*

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			31			31
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			31			31

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER		
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT				
		BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE
O N S	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS O & OTHERS MESSED			
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	PLUS	TOTAL	
		MEN PRESENT	LESS			

PAGE 1 OF 1 PAGES

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

SIGNATURE ROBERT L. ROBBINS **OWO USA** **oro O**  
(NAME) (GRADE) (ARM OR SERVICE)



**COMPANY MORNING REPORT**

**RESTRICTED**

ENDING 2400

25 October (DAY) (MONTH)

4 (YEAR)

STATION 1 mi S Millery U812244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(REP. REG. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
33129902	Brandle, Frank J., Jr. From lost to hospital to Dy MOS (584)	M/Sgt	A

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRESEN	ABSEN	PRESEN	ABSEN	PRESEN	ABSEN	PRESEN	ABSEN	PRESEN	ABSEN
ASSIGNED	6	2					2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6	2			1		2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
		T I	II	MESS ATTENDANCE FOR DAY OF THIS REPORT
O N S	III			MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD TO OTHER ORGN FOR RATIONS MEN PRESENT : LESS PLUS

PAGE 1 OF 1 PAGES  
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION QUANTITIES LISTED HEREIN REPRESENT AN ACTUAL COUNT AS REPORTING OFFICER  
**ROBERT L. ROBBINS CWO USA**  
(NAME)  
 Signature

COMPANY MORNING REPORT

ENDING 2400 26 October 1944 (DAY) (MONTH) (YEAR)

STATION 1 mi S of Military U 812 244 ORGANIZATION Hq & Hq Det 305th Med Bri MD (CO. DET. ETC.) (PARSOY UNIT) (ARM OR SERVICE)

Table with columns: SERIAL NUMBER, NAME, GRADE, CODE. Content: No change

MM

Table with columns: OFFICER STRENGTH, FLD O & CAPT, 1ST LT, 2D LT, WO, FLY O. Rows: ASSIGNED, ATTACHED UNASSIGNED, ATTACHED FR OTHER ORGN, TOTAL

Table with columns: AVN CADET & ENLISTED STRENGTH, AVIATION CADETS, ENLISTED MEN. Rows: ASSIGNED, ATTACHED UNASSIGNED, ATTACHED FR OTHER ORGN, TOTAL

Table with columns: RATIONS REQUIRED FOR, MESS ATTENDANCE, MEN AUTHORIZED TO MESS SEPARATELY. Rows: I, II, III

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 ROBERT L. ROBB 1ND CWO USA PERS O (NAME) (GRADE) (ARM OR SERVICE)

# COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 27 October 1944  
(DAY) (MONTH) (YEAR)

4

STATION 1 mi S Millery U612244

ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO. DET. SVC.) (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				2			
ATTACHED UNASSIGNED					1					
ATTACHED FR OTHER ORGN										
TOTAL	6		2		1		2			

  

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK _____ DATE _____	NUMBER _____	
		MESS ATTENDANCE FOR DAY OF THIS REPORT	TOTAL + _____ AVERAGE / 3 _____	
O R D E R	III	BREAKFAST _____ DINNER _____ SUPPER _____	TOTAL _____	
		MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS _____		G O O T H E R S M E S S E D _____
		MEN ATCHD TO OTHER ORGN FOR RATIONS _____ NET _____		
S		MEN PRESENT _____ LESS _____ PLUS _____		

PAGE 3 OF 4 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART 1 REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE **ROBERT L. ROBBINS** CWO USA Pers O  
(NAME) (GRADE) (ARM OR SERVICE)

W.D. A.G.O. FORM NO. 1 MARCH 1943 (REV.) NO COPY THRU HQ OR SCU

# COMPANY MORNING REPORT

ENDING 2400

28 October

1944

STATION 1 mi S Millery U812244

ORGANIZATION Hq & Hq Det  
(CO, DET, ETC.)

305th Med Bn MD  
(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No. Change			

*Handwritten: 10/28/44*

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				2			
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN					1					
<b>TOTAL</b>	<b>6</b>	<b> </b>	<b>2</b>	<b> </b>	<b>1</b>	<b> </b>	<b>2</b>	<b> </b>	<b> </b>	<b> </b>

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
<b>TOTAL</b>	<b> </b>	<b> </b>	<b>32</b>	<b> </b>	<b> </b>	<b>32</b>

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK		NUMBER	
			DATE			
T I M E	II	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE
		BREAKFAST	DINNER	SUPPER		
O T H E R	III	MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS		
		MEN ATCHD TO OTHER ORGN FOR RATIONS		NET	2 & OTHERS MESSD	TOTAL
		MEN PRESENT	LESS		PLUS	

PAGE 1 OF 1 PAGES

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

SIGNATURE ROBERT L. ROBBINS OWO USA Para 0

COMPANY  
MORNING REPORT

RESTRICTED

ENDING  
2400

29 October

1954

4

(DAY) (MONTH) (YEAR)

STATION 1 mi S Millery

U812244

ORGANIZATION Hq & Hq Det

305th Med Bn MD

(CO, BATT, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

WMM

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			PRESENT AND ABSENT
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT	BREAKFAST DINNER SUPPER	TOTAL AVERAGE
N E E D E D	III	MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD TO OTHER ORGN FOR RATIONS	MEN ATCHD FOR RATIONS NET	TOTAL
		MEN PRESENT : LESS	PLUS	

PAGE 1 OF 1 PAGES

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

SIGNATURE ROBERT L. ROBBINS CWO USA Para 0

(GRADE) (ARM OR SERVICE)

WD COPY AND MRU CD GEN

W.D. AGO FORM NO. 1 MARCH 15, 1953

COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 30 October 1944  
(DAY) (MONTH) (YEAR)

STATION 1 ml 8 Millery U812244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

*NMM*

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

AVR CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ASSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			32			32

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
			DATE	
T I M E	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL
		BREAKFAST	DINNER	SUPPER
O N S	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	TOTAL
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	OTHERS MESSD
S		MEN PRESENT	LESS	PLUS

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

SIGNATURE *L. ROBBINS* L. ROBBINS OWO USA Corp O  
(NAME) (GRADE) (ARM OR SERVICE)

**COMPANY MORNING REPORT**

RESTRICTED  
 ENDING 2100 31 October 1944  
(DAY) (MONTH) (YEAR)

STATION 1 ml S Millery U812244  
 ORGANIZATION Hq & Hq Det 305th Med Bn MD  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
<b>RECORD OF EVENTS</b>			
Battalion Review and Presentation of Decorations by Commanding General			

OFFICER STRENGTH	PLD 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				2			
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN					1					
<b>TOTAL</b>	<b>6</b>		<b>2</b>		<b>1</b>		<b>2</b>			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR BY	ABSENT	PRESENT AND ABSENT
ASSIGNED			32			32
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>32</b>			<b>32</b>

RATIONS REQUIRED FOR	DAY OF WEEK				NUMBER
	DATE				
MESS ATTENDANCE FOR DAY OF THIS REPORT					TOTAL + AVERAGE
	BREAKFAST	DINNER	SUPPER		
MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS O & OTHERS MESSD				
	MEN ATCHD TO OTHER ORGN FOR RATIONS		NET	TOTAL	
MEN PRESENT	LESS				
			PLUS		