

Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: O'Reilly General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yr., 1 mo., 4 days  
In this community 2 yr., 1 mo., 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME CARYL M. REHLING  
3. (b) If veteran name war WORLD WAR II  
3. (c) Social Security No. UNK.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife NONE  
6. (c) Age of husband or wife if alive NY years  
7. Birth date of deceased November 7, 1913  
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 2  
If less than one day hr. min.

9. Birthplace Dodge Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown UNK. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Marion K. (Unknown)

15. Birthplace Unknown UNK. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant WD, AGO Form 24  
(b) Address O'Reilly Gen. Hosp.

17. (a) Removal (b) Date thereof Dec. 11, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester, Minnesota

18. (a) Signature of funeral director Alma Palmer & Home  
(b) Address Springfield 7th  
19. (a) 12-11-45 (b) W. E. Gaudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Minnesota (b) County Dodge  
(c) City or town Kasson  
(If outside city or town limits, write "RURAL")  
(d) Street No. - -  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - -

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 9  
year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6 November 1943 to 9 December 1945  
that I last saw him alive on 9 December 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis and edema, bilateral, severe, due to anesthesia administered for operation, Duration 12 hrs.  
Due to revision of scars over left side of face and upper neck; trimming of previously applied bone graft to mandible and removal of wires to bone graft, due to gunshot wound, jaw, left, shoulder, right, and thighs. 12 hrs.  
2 yrs.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Previous plastic surgery well healed. PHYSICIAN  
Of operations Confirmation of above 196  
Of autopsy Confirmation of above  
diagnoses. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Battle casualty  
(b) Date of occurrence 4 August 1943.

(c) Where did injury occur? Sicily  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Battlefield

While at work? Battle (Specify type of place) Anti-personnel  
(e) Means of injury mine

23. Signature Robert R. Robinson, M.D. (M. D. or other)  
Address O'Reilly General Hospital Date signed Dec. 1945  
Spfld., Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9  
2  
6

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lewis G Schaff*  
Licensed Embalmer No. *3802*  
P. O. Address *Springfield, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**