

7. S. No. 2  
OM-542  
rev. 5-17-39  
1 X 2 1/2

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 11

DECEASED MAY 7 1943  
Registration District No. 766

Primary Registration District No. 5605-

51  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Knobnoster Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Sedalia Army Air Base 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether In this community, years, months or days)

3. (a) PRINT FULL NAME 2nd Lt. Ross L. Livasy

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Geraldine F.</u>	6. (c) Age of husband or wife if alive..... years	
7. Birth date of deceased <u>Oct. 25 1921</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>5</u>	<u>21</u>	hr. .... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name R.L. Livasy

{ 13. Birthplace Unkown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name.....

{ 15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Major Paul A. Stoodt

(b) Address Sedalia Army Air Base

17. (a) Removal (b) Date thereof 4/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Jos. [Signature]

(b) Address Sedalia, Mo.

19. (a) 4-18-43 (b) Mrs. C. P. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 Ewing Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1943 hour 8 minute 17 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Multiple crushing injuries entire body including crushing injury of skull.

Due to 3 1/2" x 1 1/4" degree Burns.

Due to Airplane accident.

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy Autopsy not done.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident. 051

(b) Date of occurrence April 16, 1943

(c) Where did injury occur Sedalia Army Air Base - Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Army Air Base

While at work?..... (Specify type of place)

(e) Means of injury Airplane

23. Signature Major Paul A. Stoodt (M.D. or other)  
Address Sedalia Army Air Base Date signed 4/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

394

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-6-43

OCT 29 1943

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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 \_\_\_\_\_

Licensed Embalmer No. 3868

P. O. Address Sidalia

**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.