FILED AUG 30 1957

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

28337
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3780

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah — Length of stay in 1b: 45 years

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 408 E 63rd Terr. — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: JULIUS Middle: Last: ROGOFF

**4. DATE OF DEATH** Month Day Year: Aug 10, 1957

**5. SEX:** Male **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** July 20, 1907 **9. AGE** (In years last birthday): 50 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Merchant
**10b. KIND OF BUSINESS OR INDUSTRY:** Hosiery
**11. BIRTHPLACE** (City and state or country): Vilna, Poland
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Meyer Rogoff
**14. MOTHER'S MAIDEN NAME:** Dora Goldsmith

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): –
**16. SOCIAL SECURITY NO.:** none
**17. INFORMANT** Address: Marvin Rogoff, 408 E 63rd Terr. K

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bullet Wound Head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
INTERVAL BETWEEN ONSET AND DEATH: E9160
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☒ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED** (Enter nature of injury in Part I or Part II of item 18.): Apparently shot himself
**20c. TIME OF INJURY:** Hour a.m. p.m. Month, Day, Year: 8-8-57
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
**20f. CITY, TOWN, OR LOCATION:** Kansas City **COUNTY:** Jackson **STATE:** Mo

**21.** I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Hugh H. Owens Coroner 3
**22b. ADDRESS:** 1034 Rialto Bldg
**22c. DATE SIGNED:** 8-12-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE:** 8/11/57
**23c. NAME OF CEMETERY OR CREMATORY:** Sheffield Cemetery
**23d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**24. FUNERAL DIRECTOR:** J. P. Louis Funeral Home, KC, Mo. **ADDRESS:**
**25. DATE RECD. BY LOCAL REG.:** 8-12-57
**26. REGISTRAR'S SIGNATURE:** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Hugh H. Owens

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, or other standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guy Buffington

Licensed Embalmer No. 2

P. O. Address R.C. Ma

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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