

S. No. 2  
M-5-43  
5-17-39  
I X36871

**FILED AUG 5 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
 (c) Name of hospital or institution: **K.C. Gen. Hosp. No. 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 hrs.**  
 In this community **1 day**  
 years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** **Donald Huck**  
**3. (b) If veteran.** name war **NO**  
**3. (c) Social Security No.** **NO**

**4. Sex** **male** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **single**  
**6. (b) Name of husband or wife.** \_\_\_\_\_ **6. (c) Age of husband or wife if alive.** \_\_\_\_\_ years

**7. Birth date of deceased** **July 1 1936**  
 (Month) (Day) (Year)  
**8. AGE:** Years **10** Months **0** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **student**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **Lawrence Huck**  
**13. Birthplace** **Kansas**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Bennett**  
**15. Birthplace** **unknown**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Lawrence Huck**  
**(b) Address** **Osawatomie Kans.**  
**17. (a) (Burial, cremation, or removal)** **Cremation** **(b) Date thereof** **7/27/46**  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Osawatomie, Mo.**

**18. (a) Signature of funeral director** **Stine-McClure**  
**(b) Address** **Kansas City, Mo.**  
**19. (a) 7-27-46 (b) (Date received local registrar)** **(Registrar's signature)** **Shradine**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Kansas** (b) County **Miami**  
 (c) City or town **Osawatomie**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3721 N. Lawrence**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **27th**  
 year **1946** hour **7** minute **15 P.** M.  
**21. I hereby certify that I attended the deceased from** **7-20-46**  
 \_\_\_\_\_, 19\_\_\_\_, to **7-27-46**, 19\_\_\_\_;  
 that I last saw him alive on **7-27-46**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Poliomyelitis- fractured skull**  
**Due to** **fall from a truck.**  
**(Car in motion)**  
**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
 (include pregnancy within 3 months of death)

**Major findings:** **zilo**  
**Of operations** \_\_\_\_\_  
**Of autopsy** **See above**

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** **accident**  
**(b) Date of occurrence** **7-17-46**  
**(c) Where did injury occur?** **Osawatomie, Miami, Kans.**  
 (City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?**  
**public place**  
**While at work?** **no** (Specify type of place) **fell from a truck**  
**(e) Means of injury**  
**23. Signature** **Wm. H. Stine**  
**Address** **Dir. K.C. Gen. Hosp. K. C. Mo.**  
**Date signed** \_\_\_\_\_

**Duration**  
 \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

22507

**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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 1415

P. O. Address R. O. M.

**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.**

C  
O  
P  
Y

Paola, Kansas  
December 26, 1946

Col. Lathrop B. Read. Jr., Supt.  
Kansas Highway Patrol  
Topeka, Kansas.

Attention: Major Leutert:

Dear Sir:

In regard to the death of Donald Huck, Osawatomie  
Kansas, who died July 26, 1946, I wish to report the following.

Donald Huck, fell from the rear of a sand truck that  
was unloading sand on the property of the Missouri Pacific Railway  
company at Osawatomie Kansas. He was taken to a Doctor in Osawatomie  
and was examined, and it was not thought that the injury was serious.  
This happend about July 17th. The boy at times during the next week  
complained of having pains in his shoulders and neck, so he was again  
examined by two different Doctors of Osawatomie, these doctors could  
find nothing wrong with the boy as the result of the accident, but order-  
ed the boy taken to the Research Hospital in Kansas City, Mo. where after  
examination, the boy was removed to the General Hospital, Kansas City, Mo.  
It was decided after the examinations that the boy had Polio. The cause  
of Death after a Post Mortem examination stated that the boy died of Polio,  
and that a contributing cause was a fractured skull, caused by the fall  
from the truck. The date of the boys death differs on this report as it  
states he died July 26, 1946 at 6:30 P.M.

After talkin' to the boys father and Mr. Birchard, the  
Undertaker who was in charge of the funeral arrangements, it is both theirs  
and my opinion that this death should not be charged as a traffic fatality.  
Also the fact that the boy falling off of the truck on Private Property  
would probably have some effect on deciding the issue. Hoping that this  
information will be of some value, I remain.

Yours very truly,

s/ Gerald H. Murray  
Patrolman # 11.  
Paola, Kansas.

Enc. Missouri Death Certificate.

