

Antczak, Joseph Thomas



Missing Since: May 12, 1984
Location Last Seen: Milwaukee, Milwaukee County
Age: 64 yrs old
Date of Birth: Confirmed January 2, 1920
Alias: Joseph Stevens or Stephens
Clothing: Black horned rimmed glasses. A three-quarter length green quilted jacket. Flannel shirt. Dark blue work pants. Black leather shoes.
Race: White
Gender: Male
Height: 5'4"
Weight: 120 lbs.
Hair Color: Gray / Partially Gray
Eye Color: Blue
Tattoos: an eagle on his chest, a horseshoe on one arm and a woman with high heels on the other arm.
Medical: Right leg is shorter than left leg. He has a limp due to a hip replacement.
Exclusions: 17

Details of Disappearance

Possibly carrying a bag with clothing, a razor, and \$200.00.

Records confusion: Although he is listed in NaMus at Joseph Edward Antczak, I confirmed the date of birth with the detective on the case. Finding that, his military record matches dob and name Joseph THOMAS Antczak.

More Information

[NaMus](#)

[Doe Network](#)

[Charley Project](#)

[Websleuths](#)

Milwaukee sensitive crimes
Case # 100450102
(414) 935-7405

Discharged from Canadian Army (honorably) April 7, 1942. Same
REGISTRATION CARD—(Men born on or after February 17, 1897 and on or before December 31, 1921) exhibited

SERIAL NUMBER T 1140	1. NAME (Print) Joseph Thomas Antczak (First) (Middle) (Last)	ORDER NUMBER T 10,040-A
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2. PLACE OF RESIDENCE (Print)
transcient
(Number and street) (Town, township, village, or city) (County) (State)
[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS
General Delivery Portland Multnomah Oregon
[Mailing address if other than place indicated on line 2. If same insert word same]

4. TELEPHONE	5. AGE IN YEARS 22	6. PLACE OF BIRTH Milwaukie (Town or county)
(Exchange) (Number)	DATE OF BIRTH Jan. 2nd 1920 (Mo.) (Day) (Yr.)	Wisconsin (State or country)

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS
Mr. Joseph Antczak, Box 392, Milwaukie, Wisconsin

8. EMPLOYER'S NAME AND ADDRESS
Unemployed

9. PLACE OF EMPLOYMENT OR BUSINESS
(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

D. S. S. Form 1
(Revised 1-1-42)

(over)

☆ GPO 16-21630-1

Joseph T. Antczak
(Registrant's signature)

Revision #21
Created 22 October 2024 00:58:06 by Not Forgotten
Updated 14 November 2024 16:38:14 by Not Forgotten