

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: ST. LAKE'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 16 WEEKS  
(Specify whether years, months or days)  
 In this community 10 YEARS

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. 5033 COLLEGE  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME MR. ANTHONY JAMES SAPLATA

3. (b) If veteran, name war No 3. (c) Social Security No. 500-12-4897

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife MRS. LOLA P. SAPLATA 6. (c) Age of husband or wife if alive. 34 years

7. Birth date of deceased. JUNE 10 1908  
(Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation BUTCHER

11. Industry or business REITZ MEAT CO.

12. Name LOUIS SAPLATA

13. Birthplace VANCE YUGOSLAVIA  
(City, town, or county) (State or foreign country)

14. Maiden name LOUISE MUSGER

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

16. (a) Informant MRS. LOLA P. SAPLATA

(b) Address 5033 COLLEGE AVENUE

17. (a) BURIAL (b) Date thereof JAN. 3 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. J. Newcomer's Son  
 (b) Address 1401 Brush Creek Blvd.

19. DEC 31 1943 (Date received local registrar) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 31<sup>ST</sup>  
 year 1943 hour 9 minute 02 P. M.

21. I hereby certify that I attended the deceased from July 1943, to Aug 31 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myeloid Leukemia

Due to 74%

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations  
 Of autopsy none made

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

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. E. Brown (M. D. or other)  
 Address 934 Ogden Blvd Date signed 1-2-44

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

AUG 20 1958

67 4 17

**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. 4043

P. O. Address: H.C. 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.**