

STATE DEPARTMENT OF HEALTH OF NEW JERSEY

STATE FILE NO 490

1. PLACE OF DEATH a. COUNTY Gloucester		2. USUAL RESIDENCE (When deceased lived, if institution, residence before death) a. STATE New Jersey b. COUNTY Gloucester	
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH Hartsville		c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH Hartsville	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bethel & Richwood Rds.		d. STREET ADDRESS (If rural, give location) Bethel & Richwood Rds.	
3. NAME OF DECEASED (Type or Print) a. (First) NORMAN b. (Middle) LESLIE c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 14, 1863
9. AGE (In years last birthday) 85	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Phila., Pa.
12. CITIZEN OF WHAT COUNTRY? U. S.	13. FATHER'S NAME Charles Baker	14. MOTHER'S MAIDEN NAME Unknown	15. INFORMANT Mrs. Edna Baker
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	17. SOCIAL SECURITY NO. None	18. CAUSE OF DEATH (Enter only conditions per Code for (a), (b), and (c))	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hr	
ANTECEDENT CAUSES (b) Arterio-sclerosis		15 yr	
(c) Chronic nephritis		16 yr	
20. OTHER SIGNIFICANT CONDITIONS		21. DATE OF OPERATION 0901 P.M. JUL 1948	
22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	26. (City, Borough, or Township) (County) (State)	
27. TIME OF INJURY	28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Jan 30, 1941, to Feb 20, 1949, that I last saw the deceased alive on Feb 20, 1949 and that death occurred at 9:30 P.M., from the causes and on the date stated above.			
31. SIGNATURE (Type or Print) (Degree or Title) Don Blumensfeld		32. ADDRESS Wanaonah N.J.	
33. DATE SIGNED 2-21-49		34. BURIAL CREAMATION (Type or Print) BURIAL	
35. DATE 25, 1949	36. NAME OF CEMETERY OR CREMATORY Vernon Cemetery	37. LOCATION (City, Borough, or Township) (State) Wanaonah, N. J.	
38. REGISTRAR'S SIGNATURE E. H. Shields	39. FUNERAL DIRECTOR S. J. Davis	40. ADDRESS 413 Woodbury St.	