

# CERTIFICATE OF DEATH

 DEPT. OF PUBLIC HEALTH  
 COOPERATING WITH DEPT. OF COMMERCE

 STATE OF TENNESSEE  
 BUREAU OF THE CENSUS

 DIV. OF VITAL STATISTICS  
 BUREAU OF THE CENSUS

 REG. NO. 3603  
 REG. DIST. NO.

1760

 1. FULL NAME EDWARD HAUGHTON LOVE 2. DATE OF DEATH Nov. 30 19 42  
(FIRST MIDDLE LAST) MONTH DAY YEAR

 3. PLACE OF DEATH:  
 A) COUNTY Shelby CIVIL DISTRICT \_\_\_\_\_  
 B) CITY OR TOWN Memphis  
(IF OUTSIDE CITY LIMITS, WRITE RURAL.)  
 C) NAME OF HOSPITAL Dead upon arrival  
(IF NOT IN HOSPITAL, GIVE STREET ADDRESS)  
 D) LENGTH OF STAY: IN HOSPITAL \_\_\_\_\_ IN COMMUNITY \_\_\_\_\_

 4. LEGAL RESIDENCE:  
 A) STATE Tenn  
 B) COUNTY Shelby CIVIL DISTRICT \_\_\_\_\_  
 C) CITY OR TOWN Memphis  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
 D) STREET NO. 114 N. Willett  
 E) CITIZEN OF FOREIGN COUNTRY \_\_\_\_\_ (YES OR NO)  
 IF YES, NAME COUNTRY \_\_\_\_\_

 5. RACE OR COLOR White Male 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married  
 8. AGE 52 3 29 IF LESS THAN ONE DAY  
YEARS MONTHS DAYS HRS. MINS.

 MEDICAL CERTIFICATION  
 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM \_\_\_\_\_ 19 \_\_\_\_\_ TO \_\_\_\_\_ 19 \_\_\_\_\_  
 AND THAT I LAST SAW HIM ALIVE ON \_\_\_\_\_ 19 \_\_\_\_\_  
 AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.  
 IMMEDIATE CAUSE OF DEATH:

 9. DATE OF BIRTH: MONTH Aug DAY 1 YEAR 1890  
 10. PLACE OF BIRTH: CITY OR COUNTY Love STATE OR COUNTRY Miss.

 DURATION  
Apparently failed to see approaching car while she was crossing the street and walked into side of car, accidental death by automobile

 11. HUSBAND OR WIFE OF Mary Stepan Love  
 AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

 OTHER CONDITIONS  
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

 12. IF VETERAN SOCIAL SECURITY NUMBER  
 NAME OF WAR \_\_\_\_\_

OPERATION? FINDINGS \_\_\_\_\_

 13. USUAL OCCUPATION Steam fitter  
 14. INDUSTRY OR BUSINESS Naval base

AUTOPSY? FINDINGS \_\_\_\_\_

 15. FULL NAME C.C. Love  
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Virginia

 PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY  
 \_\_\_\_\_

 16. MAIDEN NAME Mary Homing  
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Ky

 17. INFORMANT Mrs. Ed Love  
 ADDRESS 114 N. Willett

 21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) accident  
 B) DATE OF OCCURRENCE 11-30-42

 18. BURIAL, REMOVAL OR CREMATION DATE 12-1-42 19 \_\_\_\_\_  
 CEMETERY Garland and Poplar  
Numbered 4/2/42 - Re-buried in \_\_\_\_\_

 C) WHERE DID INJURY OCCUR Memphis, Shelby, Tenn  
Garland and Poplar CITY COUNTY STATE  
 DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?  
Auto and pedestrian MEANS OF INJURY

 19. UNDERTAKER Cosmopolitan Funeral Home  
 ADDRESS BY SP

WHILE AT WORK MEANS OF INJURY \_\_\_\_\_

 DATE FILED 12-5-42 19 \_\_\_\_\_ REGISTRAR \_\_\_\_\_

 SIGNATURE C.W. Miller Coroner M.D.  
 ADDRESS \_\_\_\_\_ DATE SIGNED 12-2-42