

18015

76 AUG 23 PM 2 18
CERTIFICATE OF DEATH

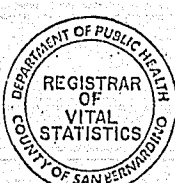
3600 Vol. 76 Page 13083

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEASED - FIRST NAME Johnathan		2. MIDDLE NAME Irven	
3. LAST NAME MC CANCE		4. DATE OF DEATH - MONTH DAY YEAR JANUARY 29, 1976	
5. SEX Male		6. AGE 81	
7. COLOR OR RACE Caucasian		8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska	
9. NAME AND BIRTHPLACE OF FATHER John D. McCance, Illinois		10. NAME AND BIRTHPLACE OF MOTHER Irene Kirkpatrick, Iowa	
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 564-10-7580	
13. LAST OCCUPATION Machinist		14. NAME OF LAST EMPLOYING COMPANY OR FIRM Kaiser Steel Corp.	
15. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER INPATIENT FACILITY KAISER FOUNDATION HOSPITAL		16. STREET ADDRESS - STREET AND NUMBER OR LOCATION 9961 SIERRA AVENUE	
17. CITY OR TOWN FONTANA		18. COUNTY SAN BERNARDINO	
19. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8401 Cottonwood		20. NAME AND MAILING ADDRESS OF INFORMANT Grace McCance, spouse	
21. CITY OR TOWN Fontana		22. COUNTY San Bernardino	
23. STATE California		24. DATE SIGNED 1-29-76	
25. PHYSICIAN'S OR CORONER'S CERTIFICATION Anthony B. Radcliffe, M.D.		26. ADDRESS 9961 SIERRA, FONTANA CALIF 92260	
27. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH) Ingold Chapel, Fontana, Ca.		28. LOCAL REGISTRAR - SIGNATURE Kary K. Schmitt	
29. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 2-2-76		30. PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH BUT NOT IMMEDIATE CAUSE YES/OPERATION	
31. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE 12-2-2		32. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 12-2-2	
33. INJURY AT WORK 12-2-2		34. DATE OF INJURY - MONTH DAY YEAR 12-2-2	
35. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 12-2-2		36. DATE OF INJURY - MONTH DAY YEAR 12-2-2	
37. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 38) 12-2-2		38. DATE OF INJURY - MONTH DAY YEAR 12-2-2	
39. STATE REGISTRAR 12-2-2		40. DATE OF INJURY - MONTH DAY YEAR 12-2-2	

This must be in red to be a
"CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN
RED.

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of
AUGUST A.D., 19 76 at 2 o'clock P M., and duly recorded in Vol. 76,
of DEEDS on Page 13083.

INDEXED
FEE \$ 3.00 D I

WM. D. MILNE, County Clerk

By Glazil Hrazic Deputy