

A. LAST AND FIRST NAME (WRITE IN NUMBERS) _____
 B. DATE _____
 C. CLERK _____ STATION _____
 D. _____
 E. _____

1. Checked to _____
 2. _____
 3. _____
 4. _____

CHECKED			
Time	By	No.	Date

FIRST NAME: **JACK** MIDDLE NAME: _____ LAST NAME: **RUBY** ARREST NO.: **D**
 CELL NO: **F2** AGE: **52** SEX: **M** RACE: **W** DATE: **11-24-63** TIME: **6 PM**
 COPIES FOR DISTRIBUTION:
 1. Prisoners File Prisoner Remarks: *Rectal examination at request of DPD & FBI.*
 2. Emergency Hosp. M.D. Nature of illness or injury: *Accomplished. NO foreign bodies present as far as 3 inches.*
 Dep. Chief Services Treated in Jail _____ Emerg. Hosp. _____ Parkland _____
 Treatment and/or Recommendation by Emerg. M.D. _____
 Copy Remain Book Jailer On Duty: *[Signature]* Emerg. *[Signature]*
 NOTE: In the event of injury to prisoners while in jail special report must be made.