

Margaret M. Hunchliffe 6H 3/24/1964

Registered Nurse

Hunchliffe: Describes neck wound as
no larger than the end of her little finger
(~~p. 14~~) (p. 141).

She had experience with bullet holes.

She said it had the appearance of an
entrance wound (p. 141)

She would not allow that it might
have been a exit wound (~~p. 141~~)

Spector "Have you ever had any formal
studies of bullet holes." Trying
to erode away her certainty
that it was a wound of entrance
(p. 141) (~~p. 141~~)

Hunchliffe — "I know nothing except my
experience in the emergency room."
(p. 141)

p. 143 Spector returns to the neck
wound after she was dismissed from
the deposition ~~to~~ Room. Then
called back 3 minutes later

Margaret M. Henschel

p. 2

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Henschel had 5 years at Portland working
the emergency room - she had seen
hundreds of bullet wounds (my words)

She also worked a couple years at Baylor
Hospital (p. 143). She was a ~~registered~~
nurse for 12 years.

Spector, with his hypothetical -

A high-powered rifle and bullet
going at great speed and not hitting
anything but soft tissue ~~that shot~~ from
the rear would it not possibly have
leave an exit wound (small and smooth)
that looked like an ~~entrance~~
wound wound.

Henschel: acknowledged it might be
possible (p. 142)

The
Casper
language
"Of course
a high-
powered
rifle
etc."

always check
Spector's language
When he resorts to
the high-powered rifle and
soft tissue

He never says
"small rifle"