

Mrs. Kennedy. You don't know the location of the  
slits how they were made about the throat  
wound.

3-31-67

## THE THROAT WOUND

### I For entry:

1. Apparent small size of wound as early declared by Dallas doctors to be entry wound.

This may have been an entry wound. However, there is no support in the evidence for the contention beyond this.

### II 2. For exit:

1. Nick in left side of necktie to President. Slits in center of shirt collar. Such a missile could not have been fired from the knoll but would have had to have been fired from the overpass or left of the overpass to nick left side of tie and then center of collar. There is no evidence a shot was fired from such a place.
2. Slit type holes in collar more typical of exit than of entry defects.
3. A bullet exiting at the left of the President's necktie could have gone on to strike the windshield and/or mirror, both if it shattered. A defect existed on the inside left windshield and on the rear view mirror which would have been in alignment with a bullet passing out the center of the collar, passing leftward and nicking the tie, then crashing into the windshield.
4. If the wound was an exit wound it would align with the hole in the back of the coat, making the trajectory leftward and slightly upward. We would thus have a trajectory established at the following places: back of coat to right of seam, center of collar, left of necktie, left side of windshield.
5. If ~~xxxxxxx~~ wound was one of entry we must assume either that there was a bullet lodged in the President's throat or body that was undeclared; or that there was a <sup>possible</sup> hole in the President's body on the back that Kellerman and Hill did not notice; or that there was a scratch on the trunk of the car which Kellerman did not notice, since the bullet causing the throat wound had to go somewhere. Any of these are possible, of course. But we have no evidence ~~that~~ <sup>of</sup> any of them.

- 62 After the first shot had sounded, Agent Hill saw a bullet strike the back. After the first shot had sounded and she had turned Mrs. Kennedy saw her husband "receiving" a bullet in the throat. This could have been the same bullet. We can pin such a bullet to frame 227 wherein the president is thrown off the ~~left~~ <sup>right</sup> side of the car, his elbows are suddenly thrown upward and he clutches his throat: all in 1/18 or even 1/24 of a second, an action impossible to achieve unless under the direct impact and force of a bullet. Since witnesses on the northside of Elm Street near the car thought the President rose on impact of the first bullet, we are justified in contending that the impact in frame 227 was caused by a leftward, forward, upward travelling missile.

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7. Objection to the above contention is that the President was going for his throat before frame 227. There is no proof of this for the following reasons:

Frame 225 and 226 show the President's arms thrown up and his mouth apparently open. He may have been just startled as some witnesses thought he was by the first shot.

Mrs. Kennedy saw her husband "receiving" a bullet in the throat after she had heard the first shot and turned. The first "shot" then could not have struck the President in the throat. He was unwounded in the throat until after she turned. After Agent Bennett heard the first "shot" he saw the President struck in the back by a bullet. It is uncertain what ~~shot~~<sup>bullet</sup> could then have hit the President on the first "shot". Another undeclared bullet lodged in the body?

The observations of Mrs. Kennedy and Agent Bennett are not proof that the President was not hit by frames 225 and 226; but they do support a contention that he was hit in frame 227 by a leftward forward upward travelling missile, and that before that time he was only reacting to the sound of a "shot".

It is possible, of course, that the throat wound was one of entry and that it exited from the back and that what Bennett saw was an exiting rather than an entering bullet; however, Kellerman's ~~scratch~~<sup>scratch</sup> on the trunk of the car which such a bullet would certainly have made had it exited from the President's back on a downward course.

Conclusion:

Though the throat wound may have been an entry wound, we have nothing in the evidence to support it beyond the early, later partially rescinded, statement of the Dallas doctors that it was an entry wound. None of them are wound ballistics experts. We have only their guess as to the size of the wound.

We have on the other hand, though not positive proof, quite a number of indications that fit together logically that the throat wound could have been a wound of exit.

On the basis of this it seems more reasonable to assume that probably the wound was one of exit, while keeping in mind, of course, that it could have been a wound of entry. And the latter is much more of a guess than the former, based on the evidence we have.

(Also, though not as part of the argument proper: a bullet fired at close range through the soft, non-bony part of the President's throat could leave a very small exit hole. Such a wound could also close. Dallas doctors reported heavy bleeding near the trachea which also is characteristic of an exit wound.)

64.  
5-21-62