

LEMONI

C1-6

John Fitzgerald Kennedy

STATE OF TEXAS		CERTIFICATE OF DEATH				STATE FILE NO.
1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence for the deceased) a. STATE District of Columbia b. COUNTY Boston, Mass. c. CITY OR TOWN (If outside city limits, give precinct no.) Washington		3. NAME OF DECEASED (Type or print) John Fitzgerald Kennedy		4. DATE OF DEATH November 22, 1963
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in 2 Hours		8. DATE OF BIRTH May 29, 1917		9. AGE (In years, months, and days) 46
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Hospital		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		11. BIRTHPLACE (State or foreign country) Brookline, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		6. COLOR OR RACE White		13. FATHER'S NAME Joseph P. Kennedy		
7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		(b) Middle Fitzgerald		14. MOTHER'S MAIDEN NAME Rose Fitzgerald		
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) President of the U.S. Government		10b. KIND OF BUSINESS OR INDUSTRY U.S. Government		16. SOCIAL SECURITY NO. 026-22-3747		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or type of service) Yes U.S.N. 19-8-45		17. INFORMANT Evelyn Lincoln		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO (b) of the head and neck DUE TO (c)		INTERNAL BETWEEN ONSET AND DEATH Minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)						
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot by unknown assassin with high powered rifle				
20c. TIME OF INJURY Hour Day Year		20d. INJURY OCCURRED WHILE AT: <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 400 Blk Elm St., Dallas, Tex		20f. CITY, TOWN, OR LOCATION Dallas		20g. COUNTY Dallas		20h. STATE Texas
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						