

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		122 Bowdoin St.	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in 2 Hours			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Hospital		d. STREET ADDRESS (If rural, give location) 1600 Penn Ave. N.W.			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Male		(a) First John		(c) Last Kennedy	
5. SEX		6. COLOR OR RACE White		7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) President of the U.S.		10b. KIND OF BUSINESS OR INDUSTRY U.S. Government		8. DATE OF BIRTH May 29, 1917	
13. FATHER'S NAME Joseph P. Kennedy		14. MOTHER'S MAIDEN NAME Rose Fitzgerald		9. AGE (In years last birthday) 46	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or type of service) Yes U.S.N. 19-8-45		16. SOCIAL SECURITY NO. 026-22-3747		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO (b) of the head and neck DUE TO (c)		17. INFORMANT Evelyn Lincoln		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 (a)					
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 Month Day Year		20d. INJURY OCCURRED WHILE AT: <input checked="" type="checkbox"/> HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>			
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"/>			