

22ND FEBRUARY 1992
PAGE, ARIZ 86040
RUDY SANTANA

TO WHOM IT MAY CONCERN:

MY NAME IS RUDY SANTANA AND I LIVE IN PAGE, ARIZ WHERE I HAVE LIVED FOR THE PAST TWENTY ONE YEARS. I HAVE ENCLOSED A PHOTO COPY OF THE DEATH CERTIFICATE OF THEN PRESIDENT KENNEDY.

I HAVE THE ORIGINAL ONE PUT IN A SAFE DEPOSIT BOX IN KINGMAN, ARIZ IT HAS BEEN THERE SINCE I GOT THE ORIGINAL ONE.

THE DEATH CERTIFICATE CAME INTO MY POSSESSION BY MY FRIEND WAYNE KIRKLAND WHO WAS WORKING AT PARKLAND MEMORIAL HOSPITAL AND WHEN THE PRESIDENT WAS KILLED HE WAS ON DUTY AND FOLLOWED THE WHOLE DUTY UNTIL THE TIME CAME TO MAKE THE DEATH CERTIFICATE HE MADE TWO COPIES - ONE WHICH HE KEPT HIMSELF

HE CALLED ME AND WANTED ME TO MEET HIM AT LAS VEGAS, NEVADA WHICH I DID. HE HANDED ME THE CERTIFICATE AND TOLD ME TO HANG ON TO IT FOR USE

II

A LATER DAY.

HE SAID THAT SOMEDAY WE WOULD BE ABLE TO SELL IT FOR A PROFIT

MY ~~FRIEND~~ FRIEND WAS KILLED IN A CAR ACCIDENT TEN YEARS AGO AND SO THE CERTIFICATE IS MY SOLE POSSESSION

THIS LETTER TO YOU IS TO SEE IF NOW THAT THERE IS SO MUCH TALK GOING ON AND ARTICLES WRITTEN ON THE DEATH OF THE PRESIDENT, IF THIS PIECE OF PAPER COULD BE OF SOME USE TO SOMEONE. I'M NOT ASKING FOR MUCH, JUST ENOUGH TO MAKE THE WAIT WORTH WHILE.

I HOPE TO HEAR FROM YOU ON THIS MATTER SOON.

SINCERELY
Rudy Santana

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Dallas		b. CITY OR TOWN (if outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in 24 hrs. 2 Hrs.		1. USUAL RESIDENCE (where deceased lived, if institution: residence before admission) a. STATE District of Columbia		b. COUNTY Washington		c. CITY OR TOWN (if outside city limits, give precinct no.) Washington		d. STREET ADDRESS (if rural, give location) 600 Pennsylvania Avenue	
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Memorial		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"/>							
2. NAME OF DECEASED (Type or print) John Fitzgerald Kennedy		3. SEX Male		4. COLOR OR RACE White		5. DATE OF BIRTH May 29, 1917		6. DATE OF DEATH November 22, 1963		7. UNDER 1 YEAR IF UNDER 15 DAYS Months Days Hours Minutes 46		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President of the U.S. United States Govt.		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTH-PLACE (State or foreign country) Brookline, Mass.		12. ORIGIN OF WHAT COUNTRY? U. S. A.							
13. FATHER'S NAME Joseph P. Kennedy				14. MOTHER'S MAIDEN NAME Rose Fitzgerald									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO.		17. INFORMANT Evelyn Lincoln									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: a. IMMEDIATE CAUSE IN Multiple gunshot wounds of the head & neck. b. Minutes c. Minutes d. Minutes e. Minutes f. Minutes g. Minutes h. Minutes i. Minutes j. Minutes k. Minutes l. Minutes m. Minutes n. Minutes o. Minutes p. Minutes q. Minutes r. Minutes s. Minutes t. Minutes u. Minutes v. Minutes w. Minutes x. Minutes y. Minutes z. Minutes aa. Minutes ab. Minutes ac. Minutes ad. Minutes ae. Minutes af. Minutes ag. Minutes ah. Minutes ai. Minutes aj. Minutes ak. Minutes al. Minutes am. Minutes an. Minutes ao. Minutes ap. Minutes aq. Minutes ar. Minutes as. Minutes at. Minutes au. Minutes av. Minutes aw. Minutes ax. Minutes ay. Minutes az. Minutes ba. Minutes bb. Minutes bc. Minutes bd. Minutes be. Minutes bf. Minutes bg. Minutes bh. Minutes bi. Minutes bj. Minutes bk. Minutes bl. Minutes bm. Minutes bn. Minutes bo. Minutes bp. Minutes bq. Minutes br. Minutes bs. Minutes bt. Minutes bu. 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TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

NON-RESIDENT

DALLAS, TEXAS, Nov. 18, 1963

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF DEATH CERTIFICATE OF ONE

John Fitzgerald Kennedy

AS IS RECORDED IN THIS OFFICE IN THE CITY OF DALLAS, COUNTY OF DALLAS, STATE OF TEXAS.

J.W. Bass

Maurine Lamin

ACTING CITY REGISTRAR OF VITAL STATISTICS

DALLAS, TEX.

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