

**The Hartford Courant**

285 Broad Street • Hartford, CT 06115

*from Andy Webb*

To:

**HAROLD WEISBERG, Publisher**  
ROUTE 12 - OLD RECEIVER ROAD  
FREDERICK, MARYLAND 21701

**FIRST CLASS**

KLAND MEMORIAL HOSPITAL

ADMISSION NOTE

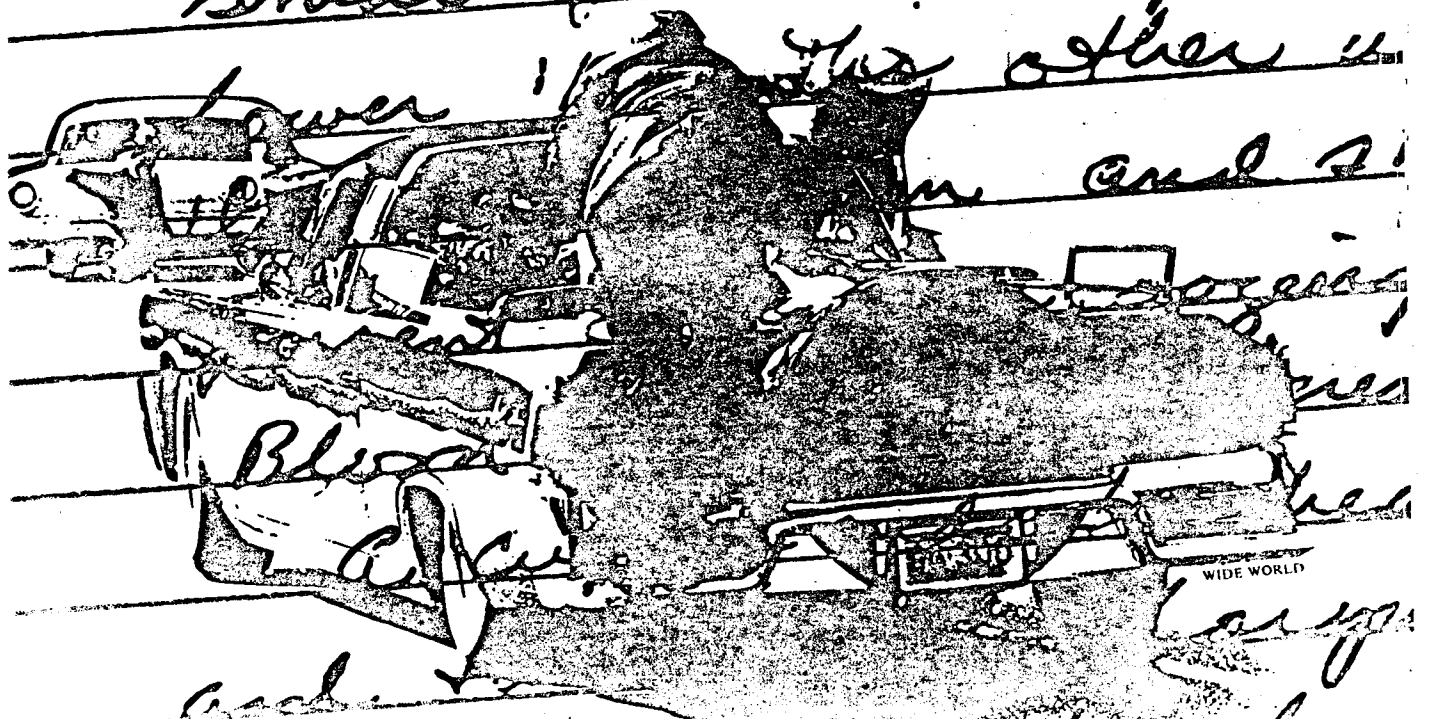
J. F. KENNEDY

DATE AND HOUR:

11/22/63

1620

When patient entered emergency  
 ambulance carriage had  
 effats and seen cardiac  
 Two external wounds a  
 small penetrating wa  
 lower 1/2 the other 2/3



WIDE WORLD

*Testimony of Eye-Witnesses Who Thought shots  
Came from Other Than TSBID*

1. Danny Garcia Arce - Shots came from railroad track yards. 6:363,364; 22:634; 24:199
2. Mrs. Donald Sam Baker (nee Virgie Rackley) - Shots came from railroad yards; not possible to have come from the TSBID. CD5:66
3. Mrs. A. G. (Jane) Berry - Thought shots came from west of her position. CD5:42
4. O. V. Campbell - Thought shots came from railroad yard to the west of the TSBID. 24:326; CD5:336
5. Mrs. Charles Thomas (Avery) Davis - Thought shots came from Triple Underpass. 22:642,643; CD7:23, TAG1:451
6. Mrs. John T. (Elsie Dorman) - She was on the fourth floor of TSBID and thought shots came from Records Building CD5:34
7. Mr. and Mrs. Jack Franzen - Thought shots came from area adjacent to TSBID. 22:840; 24:525
8. Buell Wesley Frazier - Thought shots came from railroad overpass CD5:318
9. Dorothy Ann (or Mae?) Garner - Thought shots came from west of TSBID (she was on 4th floor of TSBID) 22:648
10. Bobby W. Hargis - believes shot comes from right front (grassy knoll area) from overpass. 6:293; Chief Jesse Curry's book, p. 30
11. Mrs. John (Peggy Joyce) Hawkins - shots came from railroad yards adjacent to TSBID. CD897:35, 36
12. Mrs. Jean Lollis Hill - Thought Shots were coming from the knoll, just west of the TSBID. CD897:43, 44
13. Postal Inspector Harry D. Holmes - Thought shots came from crowd. 7:291; CD2:5:30
14. Mrs. Yola D. Hopson - Did not think the sound (of the shots) came from the TSBID. 22:653; 24:521
15. Emmett Joseph Hudson - Shots came from behind and above him; from rear, high. (He was standing on steps leading up grassy knoll.) 24:213
16. Mrs. George Andrew (Dolores Arlene) Kounas - Thought shots came from the west. 22:659,846
17. Secret Service Agent Paul E. Landis, Jr. - First shot came from behind and over right shoulder; second shot came from right front and hit the President's head. 18:758
18. Billy Nolan Lovelady - Thought shots came from the knoll or from across the street. 6:338; 22:662; 24:214
19. Judith L. McCully - From right side of arcade building. TAG1:465
20. Austin Lawrence Miller - Shots came from his left (he was standing on the Triple Underpass). 6:225; 19:485; 24:217
21. A. J. Millican - Shots came from the pergola. 19:486
22. Joe R. Molina - Shots came from west side (he was on steps of TSBID). 7:219; 24:326
23. Thomas J. Murphy - Shots came from spot just west of TSBID. 22:835; CD897:12
24. Mrs. P. E. (Jean) Newman - Shots came from her right (west). She was standing halfway from TSBID to Stemmons Freeway sign. 19:489; 22:843; 24:218
25. William E. Newman, Jr. - Shots came from "garden" directly behind Newman (he was standing at east end of pergola). 19:490; 22:842; 24:219; *New Orleans States Item*, Feb. 17, 1969
26. Mrs. William V. (Robert) Parker - First shot came from pergola. 22:667; CD205:504; CD735:9
27. J. C. Price - Assumed shots from Triple Underpass. CD5:65
28. Frank E. Reilly - Shots came from trees at west end of pergola on north side of Elm. (He was standing on Triple Underpass.) 6:230; CD205:29
29. Mrs. A. L. Rowland - Shots came from railroad yard. 6:177; 19:493; 24:224; 26:169
30. W. H. (Bill) Shelley - Shots came from west (he was on TSBID steps). 6:327; 7:390; 22:673; 24:226
31. Police Officer Edgar Leon Smith, Jr. - Shots came from railroad tracks or grassy knoll area. 7:565, 568; 22:604
32. Officer Joe Marshall Smith - Thought shots came from Elm Street extension, bushes of the overpass. 7:351; 22:600
33. Secret Service Agent Forrest Sorrels - Shots came from knoll; 'top of terrace to my right'. 7:340; 21:548; CD3
34. James Thomas Tague - Shots came from bushes at pergola. 7:554
35. Roy S. Truly - Shots came from west of TSBID. 7:219; CD5:322, 324
36. Deputy Sheriff Harry Weatherford - Shots came from railroad yards. 19:502
37. County Surveyor Robert M. West - Shots came from northwest quadrant of Dealey Plaza. *Dallas Morning News* Feb. 14, 1969
38. Lupe (Lucy) Whitaker - Shots came from west of TSBID. TAG1:470
39. Otis Neville Williams - Came from direction of the Triple Underpass. 22:683
40. Steven F. Wilson - Shots came from west end of building or pergola; not from above. (He was on 3rd floor of TSBID.) 22:684; 24:535; CD735:9
41. Mary Elizabeth Woodward - Possibly came from overpass. 24:520; CD7:19
42. Abraham Zapruder - Shots came from in back of him. 7:571

Books for Everyone  
On Your Gift List  
Reviewed in the  
CHRISTMAS  
BOOK SECTION  
Coming Sunday

JFK Ambushed in Dallas

# PRESIDENT DEAD, CONNALLY SHOT

The Presidential conveyer cut off its route and sped at high speed immediately toward Parkland Hospital where doctors were ordered to stand by.

The motorcade, originally set to turn off Industrial by the Trade Mart, sped straight down Industrial toward Harry Hines.

The police radio blared that the President had been hit.

Sheriff Decker came on the air around 12:22 p.m.

"I don't know what's happened. This conveyer was coming from the mall and the office and ran to the railroad yards off Elm near the triple underpass."

The crowds waiting inside the Trade Mart were sent immediately to the shooting.

A sobbing carpet salesman told police minutes after the shooting the President appeared to be hit twice.

The first time he slumped and the second one really knocked him. There were the words of Charles Dreham, 38, of 1613 Kings Highway.

"After the first shot the President's wife rose slightly to hold the President and they both went down in the second shot. He was definitely hit badly," Mr. Dreham said.

Mr. Dreham said the President was half standing, waving to the crowd, when he heard the first of two shots. He said after the President was knocked down, apparently by the second shot, the President's car roared underneath the triple underpass.

The witness Dreham was shaking uncontrollably as he further described the shooting.

"The first shot must not have been too solid, because he just slumped. Then on the second shot he seemed to fall back."

Dreham seemed to think the shots came from in front of or beside the President. He explained the President did not slump forward as if he would have after being shot from the rear. The book depository building stands in the rear of the President's location at the time of the shooting.

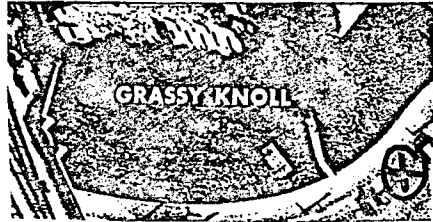
Apparently the President's car was on the down slope midway between Houston Street and the triple underpass.

Dreham said he was within 10 feet of the President at the time of the shooting.

"It was definitely a rifle," he said.

Mrs. Jean Hill, 3402 Bluff Creek, and Mrs. Mary Moorman, 2825 Ripple road, who were among witnesses at the Triple Underpass, said the motorcade stopped suddenly and then swiftly sped on with the sirens blowing.

"I thought I saw someone in the motorcade in either dress shoot back at a person 'firing' at the car."



**Weather Forecast**  
Friday: Cloudy and cold tonight. Low near 20. Mostly cloudy, heavy and will settle to a 23, to 18. A burst of showers in the afternoon and evening. High near 24. Extended Weather Service Report

## The Hartford Times

ROAD TO INTICATION:  
Richard Adams  
Study the '3 1/2'  
Page 16

VOL. CXXIII NO. 278 60 PAGES HARTFORD (1), CONN. FRIDAY, NOVEMBER 22, 1963 SEVEN CENTS

# Kennedy Shot Dead in Texas

## Struck in Head; Rushed to Hospital

THE INCIDENT occurred just east of the triple underpass facing a park in downtown Dallas.

Reporters about five car lengths behind the Chief Executive heard what sounded like three bursts of gunfire.

Secret Service agents in a follow-up car quickly unlimbered their automatic rifles.

The bubble top of the President's car was down.

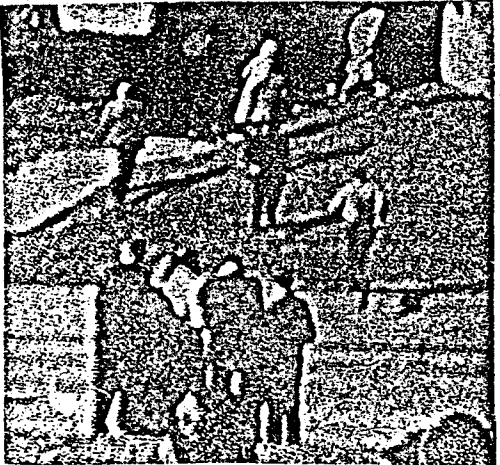
THEY DREW their pistols, but the damage was done.

The President was slumped over in the back-seat of the car face down. Connally lay on the floor of the rear seat.

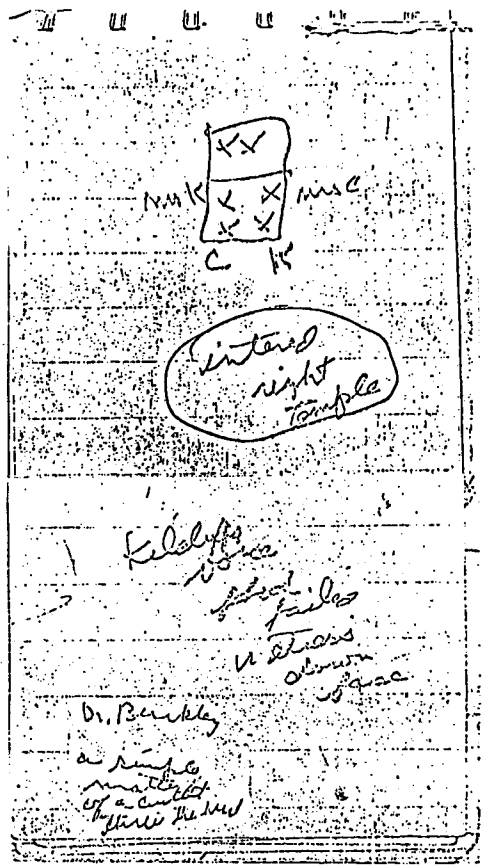
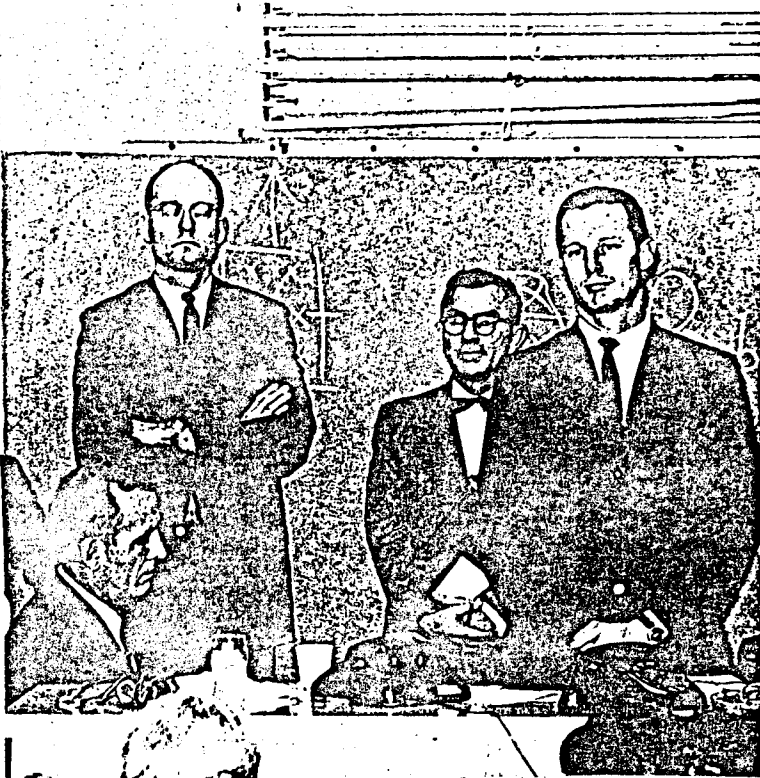
It was impossible to know at once where Kennedy was hit, but bullet wounds in Connally's chest were plainly visible, indicating the gunfire might possibly have come from an automatic weapon.

There were three lead bursts.

DALLAS motorcycle officers escorting the President quickly leaped from their bikes and raced up a grassy hill.



PARKLAND MEMORIAL HOSPITAL



KANTON EXHIBIT No. 3—Continued

THE WASHINGTON POST

# Body Flown Back Here; Gov. Connally of Texas Wounded by Gunman

By Edward T. Folliard  
Staff Reporter

DALLAS, Tex., Nov. 22. — President John F. Kennedy is dead.

He was shot at 12.30 p.m. CST (1.30 EST) today by an assassin, who sent a rifle bullet crashing into his right temple.

The 46-year-old Chief Executive, youngest man ever elected to the august office and the fourth holder of it to be martyred by an assassin, was shot as he was riding in an open automobile through downtown Dallas.

He never regained consciousness, and was pronounced dead at 1 p.m.

Gov. John B. Connally of Texas, who was riding with the President, sitting just in front of him, was shot twice. One bullet went through his chest. Another fractured his right wrist. His condition was described as "satisfactory."



SOBBING AIDE SHOWS WHERE RIFLE BULLET STRUCK PRESIDENT

(By Combined Wire Services)  
 President Kennedy has been assassinated. A single shot through the right temple took the life of the 46-year-old Chief Executive. He was shot as he rode in an open car in downtown Dallas, Texas, waving and smiling to a crowd of 250,000.  
 Vicepresident Lyndon Johnson — the nation's new President — was in the same cavalcade but a number of car lengths behind. He was not hurt.

Before the President's body was covered it appeared that the bullet had struck him above the right ear or near the temple. They removed his body at that time. Reporters began to arrive. We were assigned by the Secret Service to prevent any pictures of any nature to be taken of the President's car or the inside.

*John Kelly*  
 Business

*Murchel Jacks*  
 Murchel Jacks

THE TRIP AND ASSASSINATION OF PRESIDENT KENNEDY IN DALLAS, TEXAS, NOV. 22, 1963

THE NEW YORK TIMES, SATURDAY, NOVEMBER 23, 1963

Mr. Kilduff indicated that the President had been shot once. Later medical reports raised the possibility that there had been two wounds. But the death was caused, as far as could be learned, by a massive wound in the brain.

Later in the afternoon, Dr. Malcolm Perry, an attending surgeon, and Dr. Kemp Clark, chief of neurosurgery at Parkland Hospital, gave more details.

Mr. Kennedy was hit by a bullet in the throat just below the Adam's apple, they said. This wound had the appearance of a bullet's entry.

Mr. Kennedy also had a massive, gaping wound in the back and one on the right side of the head. However, the doctors said it was impossible to determine immediately whether the wounds had been caused by one bullet or two.

As we completed the left turn and on a short distance, there was a scree. At this time I glanced from the tail-light of the President's car, just I see for a few moments for driving. I saw the President lean toward the left and appeared to have grabbed his chest with his right hand. There was a moment of pause and then two more shots were heard. Agent Clinton Hill jumped from the follow-up car and dashed to the aid of the President and First Lady in the President's car. I saw one shot strike the President in the right side of the head.

*Samuel A. Kinney*  
 Samuel A. Kinney  
 Special Agent  
 White House Detail  
 U.S. Secret Service  
 Washington, D. C.

Dr. JENKINS. Almost by the time I was—had the time to pay more attention to the wound in the head, all of these other activities were under way. I was busy connecting up an apparatus to respire for the patient, exerting manual pressure on the breathing bag or anesthesia apparatus, trying to feel for a pulse in the neck, and then reaching up and feeling for one in the temporal area, seeing about connecting the cardiograph or directing its being connected, and then turned attention to the wound in the head.

Now, Dr. Clark had begun closed chest cardiac massage at this time and I was aware of the magnitude of the wound, because with each compression of the chest, there was a great rush of blood from the skull wound. Part of the brain was herniated; I really think part of the cerebellum, as I recognized it, was herniated from the wound; there was part of the brain tissue, broken fragments of the brain tissue on the drapes of the cart on which the President lay.

Mr. SPECTER. Did you observe any wounds immediately below the massive loss of skull which you have described?

Dr. JENKINS. On the right side?

Mr. SPECTER. Yes, sir.

Dr. JENKINS. No—I don't know whether this is right or not, but I thought there was a wound on the left temporal area, right in the hairline and right above the zygomatic process.

Mr. SPECTER. The autopsy report discloses no such development, Dr. Jenkins.

Dr. JENKINS. Well, I was feeling for—I was palpating here for a pulse to see whether the closed chest cardiac massage was effective or not and this probably was some blood that had come from the other point and so I thought there was a wound there also.

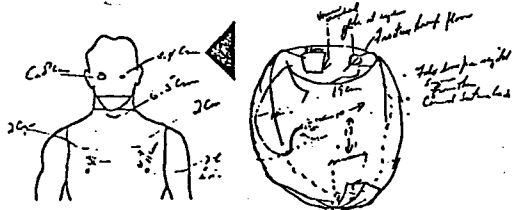
Mr. SPECTER. At approximately what time was President Kennedy pronounced dead?

Mr. SPECTER. Aside from that opinion, now, have any of your other opinions about the nature of his wounds or the sources of the wounds been changed in any way?

Dr. JENKINS. No; one other. I asked you a little bit ago if there was a wound in the left temporal area, right above the zygomatic bone in the hairline, because there was blood there and I thought there might have been a wound there (indicating).

Mr. SPECTER. Indicating the left temporal area?

Dr. JENKINS. Yes; the left temporal, which could have been a point of entrance and exit here (indicating), but you have answered that for me. This was my only other question about it.



Front and top view of President's head drawn during autopsy by Dr. J. Thornton Boswell showing a wound near the left temple

ADMISSION NOTE I	
<i>Case of death was due to injuries I got and when injury from a gunshot wound of Dr. J. T. Boswell. The wound was immediately above the zygomatic process of the left side of the head.</i>	
<i>Adm. Prof. of Surgery</i>	
<i>Southwestern Med.</i>	
<i>School of Univ. of Tex.</i>	
<i>Dallas, Texas</i>	

COMMISSION EXHIBIT No. 392—Continued

Mr. SPECTER. Dr. McClelland, I show you now a statement or a report which has been furnished to the Commission by Parkland Hospital and has been identified in a previous Commission hearing as Commission Exhibit No. 392, and I direct your attention specifically to a page, "Third Report", which was made by you, and I would ask you first of all if this is your signature which appears at the bottom of Page 2, and next, whether in fact you did make this report and submit it to the authorities at Parkland Hospital?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And are all the facts set forth true and correct to the best of your knowledge, information and belief?

Dr. McCLELLAND. To the best of my knowledge, yes.

Mr. SPECTER. At any of the press conferences were you asked about a hole on the left side of the President's head?

Dr. CLARK. Yes.

Mr. SPECTER. At which conference or conferences?

Dr. CLARK. I was asked about this at the CBS conference and I stated that I personally saw no such wound.

Mr. SPECTER. And who asked you about it at that time, if you recall?

Dr. CLARK. The man who was conducting the conference. This was brought up by one of the physicians, I think Dr. McClelland, that there was some discussion of such a wound.

Mr. SPECTER. Did Dr. McClelland say that he had seen such a wound?

Dr. CLARK. No.

Mr. SPECTER. What was the origin, if you know, as to the inquiry on the wound, that is, who suggested that there might have been a wound on the left side?

Dr. CLARK. I don't recall—I don't recall.

Mr. SPECTER. Had there been some comment that the priests made a comment that there was a wound on the left side of the head?

Dr. CLARK. I heard this subsequently from one of the reporters who attended the press conference with NBC.

Mr. SPECTER. Were priests actually in trauma room 1?

Dr. CLARK. Yes, sir.

Question: "Doctor, describe the entrance wound. You think [Kennedy] was shot from the front in the throat?"

Dr. Perry: "The wound appeared to be an entrance wound in the front of the throat; yes, that is correct." — Dr. Malcolm Perry, Parkland Hospital Emergency Ward, JFK's attending surgeon, November 22, 1963; 3:16 PM, (CST)

Later in the afternoon, Dr. Malcolm Perry, an attending surgeon, and Dr. Kemp Clark, chief of neurosurgery at Parkland Hospital, gave more details. Mr. Kennedy was hit by a bullet in the throat, just below the Adam's apple, they said. This wound had the appearance of a bullet's entry.

### Surgeon Tells Of Efforts to Save President

DALLAS, Tex. (AP) — Dr. Malcolm Perry, attendant surgeon at Parkland Hospital who attended President Kennedy, said when he arrived at the emergency room he noticed the President was in critical condition with a wound of the neck and head. When asked if possibly the wounds could have been made by two bullets, he said he did not know. When asked to specify, Perry said the entrance wound was in the front of the head.

### Two Bullets Reported To Have Hit Kennedy

WASHINGTON, Nov. 23 (UPI) — President Kennedy was shot twice yesterday, White House sources said today. The first reports said the President was killed by one bullet. Staff doctors at Parkland Hospital in Dallas said yesterday only that the second bullet pierced the midsection of the front part of his neck and emerged from the top of his skull. The White House sources said they understood that the bullet hit Mr. Kennedy in the neck. He bent forward, turned his head and was struck in the skull by the second bullet, the sources said.

By Martin J. Steadman Of The Herald Tribune Staff

DALLAS

Dr. Robert R. Shaw, chairman of the department of thoracic surgery at Parkland Memorial Hospital, said here yesterday that the President was "medically dead" the instant he was hit in the skull. He said medical authorities here felt that the first shot that hit the President—the bullet struck him in the front of his throat and lodged in his right lung—was not a mortal wound. This was the way the murderous fusillade tore into the back of the Presidential limousine, Dr. Shaw said: "The first bullet entered President Kennedy's trachea, in the front of his neck, coursing downward into his right lung. The bullet was removed in Bethesda Naval Hospital in Maryland, where an autopsy was performed."

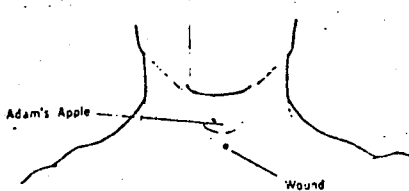


Figure 1. Neck wound as it appeared before tracheotomy at Parkland Hospital, referred to as an "entrance" wound by Dr. Akin and Dr. Perry.

### Physician Reports One Shot Remained in President's Body After Hitting Him at Level of His Necktie Knot

By JOHN HERBERS

DALLAS, Nov. 23 — The continuing investigation into the assassination of President Kennedy has cleared up some questions about the number of shots and how many struck the President. Three shots are known to have been fired. Two hit the President. One did not emerge. Dr. Kemp Clark, who pronounced Mr. Kennedy dead, said he struck him at about the necktie knot. It ranged downward to his chest and did not exit. The surgeon said.

The known facts about the bullets, and the position of the assassin, suggested that he started shooting as the President's car was coming toward him, swung his rifle in an arc of almost 180 degrees and fired at least twice more.

A rifle like the one that killed President Kennedy might be able to fire three shots in two seconds, a gun expert indicated after tests.

A strip of color movie film taken by a Dallas clothing manufacturer with an 8-mm camera tends to support this sequence of events.

The film covers about a 15-second period. As the President's car came abreast of the photographer, the President was struck in the front of the neck.

### KENNEDY SLAYING IS RECONSTRUCTED

Simulated Rido Is Filmed by U.S. Investigators in Dallas

By JOSEPH A. LOFTUS

DALLAS, Dec. 5 — Thirteen days after the assassination of President Kennedy, Federal investigators were still reconstructing the crime on film today.

On all simulations, a motorcycle policeman rode on each side near the rear of the car. At all times the car used the middle of the three-lane road.

One question was how the President could have received a bullet in the front of the throat from a rifle in the Texas School Book Depository building after his car had passed the building and was turning a gentle curve away from it. One explanation from a competent source was that the President had turned to his right to wave and was struck at that moment.

The best authority probably on the exact angle of entry for the bullet is the man who conducted the autopsy. He is Dr. J. Humes of the Naval Medical Center, Bethesda, Md. Dr. Humes said he had been told to talk.

Most private citizens who had associated with Kennedy probably the crime have refused to give answers, but after being interviewed by agents of the Federal Bureau of Investigation, Dallas City and county police withdrew their help the same way. One high officer said he wished he could answer questions "because it would save us a lot of work."

### UNCERTAINTIES REMAIN DESPITE POLICE VIEW OF KENNEDY DEATH

Position of Wound Is Puzzling — Did Assassin Have an Accomplice?

By RICHARD OLDMAN

A Washington correspondent of the Post-Dispatch WASHINGTON, Nov. 30 — The exact circumstances of President John F. Kennedy's assassination may never be explained, despite the several investigations into the case.

Position of Wound The strangest circumstance of the shooting is the reported opinion as to the position of the throat wound, thought to have been caused by the first of two shots that struck Mr. Kennedy.

Surgeons who attended him at Parkland Memorial Hospital described it as an entrance wound. They said it was in the center front, just below the Adam's Apple, at about the necktie knot. At the time of the shooting, the President's open automobile was moving toward the scene from the window from which the shot is thought to have been fired. It was on a curving stretch of Elm street that leads from Houston street down to a triple underpass, about 75 yards from the window and about the same distance from the underpass.

The question that suggests itself is: How could the President have been shot in the front from the back?

### A DEATH IN EMERGENCY ROOM No. ONE

By JIMMY BRESLIN

Here is the most important man in the world, Perry thought.

The chest was not moving. And there was no apparent heartbeat inside it. The wound in the throat was small and neat. Blood was running out of it. It was running out too fast. The occipital artery, which is a part of the back of the head, had a huge flap. The damage a rifle bullet does as it comes out of a person's body is unbelievable. Bleeding from the head wound covered the floor.

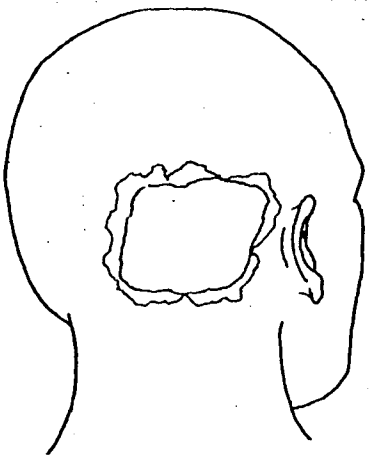
There was a mediastinal wound in connection with the bullet hole in the throat. This means air and blood were being packed together in the chest. Perry called for a scalpel. He was going to start a tracheotomy, which is opening the throat and inserting a tube into the windpipe. The incision had to be made below the small bulb wound.

"Get me Doctors Clark, McClelland and Baxter right away," he said.

Then he started the tracheotomy. There was no anesthesia. John Kennedy could feel nothing now. The wound in the back of the head told Doctor Perry that the President never knew a thing about it when he was shot, either. The second bullet tore through his cerebellum, the lower part of the brain.

### U. S. News & World Report

The assassin killed President Kennedy with a single shot from a powerful 30-caliber rifle. The bullet struck in the neck and emerged from the back of the head.



# Parkland Doctors' Testimony

Summary of TOP SECRET President 37a

DALLAS COUNTY HOSPITAL DISTRICT  
STAFF PROGRESS NOTES  
11-23-63

DATE, PCL, NAME	REMARKS
	After receiving a report Call of from the physician operating that the President had been shot and was en route to the emergency room I immediately with Dr. M. J. Perkins and Miss Audrey Hill who were present.
	I went with Dr. M. J. Perkins to the operating room and found the President lying on the operating table with a small hole in the middle of his neck and a small hole in the middle of his chest. I was told that the hole in the chest was a bullet entrance wound.
	While Dr. Perry stated that the bullet had entered the chest from the top and I performed a cut down on the left chest vein and I was told that the bullet had entered the chest from the top and I was told that the hole in the chest was a bullet entrance wound.
	I was told that the hole in the chest was a bullet entrance wound and I was told that the hole in the chest was a bullet entrance wound.
	Subsequently I shall continue to manage the patient and the patient expired.

TOP SECRET C. J. Jones M.D.  
11-23-63

JONES (Dr. RONALD C.) EXHIBIT No. 1

Mr. SPECTER. Have you ever changed any of your original opinions in connection with the wounds received by President Kennedy?

Dr. JENKINS. I guess so. The first day I had thought because of his pneumothorax that his wound must have gone—that the one bullet must have traversed his pleura, must have gotten into his lung cavity, his chest cavity, I mean, and from what you say now, I know it did not go that way. I thought it did.

Mr. SPECTER. What did Dr. Perry say at that time, during the course of that press conference, when the cameras were operating?

Dr. CLARK. As I recall, Dr. Perry stated that there was a small wound in the President's throat, that he made the incision for the tracheotomy through this wound. He discovered that the trachea was deviated so he felt that the missile had entered the President's chest. He asked for chest tubes then to be placed in the pleural cavities. He was asked if this wound in the throat was an entrance wound or an exit wound. He said it was small and clean so it could have been an entrance wound.

Mr. SPECTER. Did you see any wound on any other part of his body?

Miss HENCHLIFFE. Yes; in the neck.

Mr. SPECTER. Will you describe it, please?

Miss HENCHLIFFE. It was just a little hole in the middle of his neck.

Mr. SPECTER. About how big a hole was it?

Miss HENCHLIFFE. About as big around as the end of my little finger.

Mr. SPECTER. Have you ever had any experience with bullet holes?

Miss HENCHLIFFE. Yes.

Mr. SPECTER. And what did that appear to you to be?

Miss HENCHLIFFE. An entrance bullet hole—it looked to me like.

Mr. SPECTER. Could it have been an exit bullet hole?

Miss HENCHLIFFE. I have never seen an exit bullet hole—I don't remember seeing one that looked like that.

Mr. SPECTER. In this report, Dr. Jones, you state the following, "Previously described severe skull and brain injury was noted as well as a small hole in anterior midline of the neck thought to be a bullet entrance wound." What led you to the thought that it was a bullet entrance wound, sir?

Dr. JONES. The hole was very small and relatively clean cut, as you would see in a bullet that is entering rather than exiting from a patient. If this were an exit wound, you would think that it exited at a very low velocity to produce no more damage than this had done, and if this were a missile of high velocity, you would expect more of an explosive type of exit wound, with more tissue destruction than this appeared to have on superficial examination.

Mr. SPECTER. Would it be consistent, then, with an exit wound, but of low velocity, as you put it?

Dr. JONES. Yes; of very low velocity to the point that you might think that this bullet barely made it through the soft tissues and just enough to drop out of the skin on the opposite side.

Dr. JONES. With no history as to the number of times that the President had been shot or knowing the direction from which he had been shot, and seeing the wound in the midline of the neck, and what appeared to be an exit wound in the posterior portion of the skull, the only speculation that I could have as far as to how this could occur with a single wound would be that it would enter the anterior neck and possibly strike a vertebral body and then change its course and exit in the region of the posterior portion of the head. However, this was—there was some doubt that a missile that appeared to be of this high velocity would suddenly change its course by striking, but at the present—at that time, if I accounted for it on the basis of one shot, that would have been the way I accounted for it.

Mr. SPECTER. And would that account take into consideration the extensive damage done to the top of the President's head?

Dr. JONES. If this were the course of the missile, it probably—possibly could have accounted for it, although I would possibly expect it to do a tremendous amount of damage to the vertebral column that it hit and if this were a high velocity missile would also think that the entrance wound would probably be larger than the one that was present at the time we saw it.

Mr. SPECTER. Did you observe whether or not there was any damage to the vertebral column?

Dr. JONES. No, we could not see this.

Mr. SPECTER. Did you discuss this theory with any other doctor or doctors?

Dr. JONES. Yes; this was discussed after the assassination.

Mr. SPECTER. With whom?

Dr. JONES. With Dr. Perry—is the only one that I recall specifically, and that was merely as to how many times the President was shot, because even immediately after death, within a matter of 30 minutes, the possibility of a second gunshot wound was entertained and that possibly he had been shot more than once.

Mr. SPECTER. What is your experience, Doctor, if any, in the treatment of bullet wounds?

Dr. JONES. During our residency here we have approximately 1 complete year out of the 4 years on the trauma service here, and this is in addition to the 2 months that we spend every other day and every other night in the emergency room during our first year, so that we see a tremendous number of bullet wounds here in that length of time, sometimes as many as four and five a night.

Dr. AKIN. There was a midline neck wound below the level of the cricoid cartilage, about 1 to 1.5 cm. in diameter, the lower part of this had been cut across when I saw the wound. It had been cut across with a knife in the performance of the tracheotomy. The back of the right occipitalparietal portion of his head was shattered, with brain substance extruding.

Mr. SPECTER. Will you describe with as much particularity as you can the wound which you noticed on the President's neck?

Dr. BAXTER. The wound on the neck was approximately an inch and a half above the manubrium of the sternum, the sternal notch. This wound was in my estimation, 4 to 5 mm. in widest diameter and was a spherical wound. The edges of it—the size of the wound is measured by the hole plus the damaged skin around the area, so that it was a very small wound. And, it was directly in the midline. Now, this wound was excised in the performance of the tracheotomy and on the entry into the deeper tissues of the neck, there was considerable contusion of the muscles of the anterior neck and a moderate amount of bleeding around the trachea. The trachea was deviated slightly, I believe, to the left.

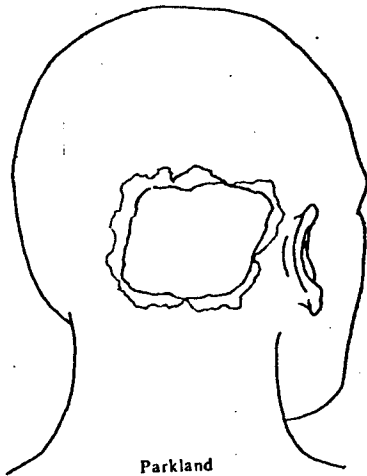
There was a large wound in the right occipitoparietal region, from which profuse bleeding was occurring. 1500 cc. of blood were estimated on the drapes and floor of the Emergency Operating Room. There was considerable loss of scalp and bone tissue. Both cerebellar and cerebellar tissue were extruding from this wound.

President Kennedy was pronounced dead at 1300 hours by Dr. Clark.

Clark, M.D.  
Director  
Service of Neurological Surgery



Drawing illustrating the hole seen at Parkland Hospital, as described by doctors in medical reports and Warren Commission testimony. Dr. Carrico estimated the size as 5 by 7 cm (2 by 2 1/4 inches). Parkland doctors located this wound in the right occipitoparietal area.



no large or sucking chest wounds, and then proceeded to the examination of his head. The large skull and scalp wound had been previously observed and was inspected a little more closely. There seemed to be a 4.5 cm. area of avulsion of the scalp and the skull was fragmented and bleeding cerebral and cerebellar tissue. The pupils were inspected and seemed to be bilaterally dilated and fixed. No pulse was present, and at that time, because of the inadequate respirations and the apparent airway injury, a cuffed endotracheal tube was introduced, employing a laryngo scope. Through the laryngo scope

Dr. CLARK. The President was lying on his back on the emergency cart. Dr. Perry was performing a tracheotomy. There were chest tubes being inserted. Dr. Jenkins was assisting the President's respirations through a tube in his trachea. Dr. Jones and Dr. Carrico were administering fluids and blood intravenously. The President was making a few spasmodic respiratory efforts. I assisted in withdrawing the endotracheal tube from the throat as Dr. Perry was then ready to insert the tracheotomy tube. I then examined the President briefly.

My findings showed his pupils were widely dilated, did not react to light, and his eyes were deviated outward with a slight skew deviation.

I then examined the wound in the back of the President's head. This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed. There was considerable blood loss evident on the carriage, the floor, and the clothing of some of the people present. I would estimate 1,500 cc. of blood being present.

Mr. SPECTER. Before proceeding to describe what you did in connection with the tracheostomy, will you more fully describe your observation with respect to the head wound?

Dr. McLELLAND. As I took the position at the head of the table that I have already described, to help out with the tracheotomy, I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone was protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue or some of the cerebellar tissue had been blasted out. There was a large amount of bleeding which was occurring mainly from the large venous channels in the skull which had been blasted open.

Mr. SPECTER. What did you observe as to the nature of the President's wound?  
Dr. PETERS. Well, as I mentioned, the neck wound had already been interfered with by the tracheotomy at the time I got there, but I noticed the head wound, and as I remember—I noticed that there was a large defect in the occiput.

Mr. SPECTER. What did you notice in the occiput?  
Dr. PETERS. It seemed to me that in the right occipitoparietal area that there was a large defect. There appeared to be bone loss and brain loss in the area.

Mr. SPECTER. Did you notice any holes below the occiput, say, in this area below here?

Dr. PETERS. No, I did not and at the time and the moments immediately following the injury, we speculated as to whether he had been shot once or twice because we saw the wound of entry in the throat and noted the large occipital wound, and it is a known fact that high velocity missiles often have a small wound of entrance and a large wound of exit, and I'm just giving you my honest impressions at the time.

Miss BOWRON. He was moribund—he was lying across Mrs. Kennedy's knee and there seemed to be blood everywhere. When I went around to the other side of the car I saw the condition of his head.

Mr. SPECTER. You saw the condition of his what?

Miss BOWRON. The back of his head.

Mr. SPECTER. And what was that condition?

Miss BOWRON. Well, it was very bad—you know.

Mr. SPECTER. How many holes did you see?

Miss BOWRON. I just saw one large hole.

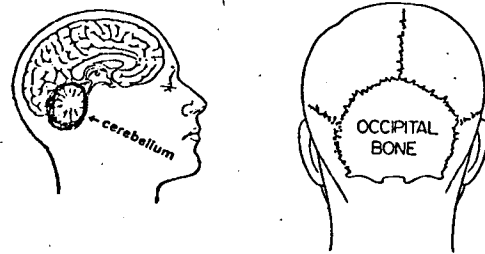
Mr. SPECTER. What did you observe as to President Kennedy's condition on arrival at the hospital?

Mr. HILL. The right rear portion of his head was missing. It was lying in the rear seat of the car. His brain was exposed. There was blood and bits of brain all over the entire rear portion of the car. Mrs. Kennedy was completely

Dr. PERRY. As I mentioned previously in the record, I made only a cursory examination of the President's head. I noted a large avulsive wound of the right parietal occipital area, in which both scalp and portions of skull were absent, and there was severe laceration of underlying brain tissue. My examination did not go any further than that.

Mr. SPECTER. Will you describe as precisely as you can the nature of the head wound?

Dr. JONES. There was large defect in the back side of the head as the President lay on the cart with what appeared to be some brain hanging out of this wound with multiple pieces of skull noted next with the brain and with a tremendous amount of clot and blood.



Mr. SPECTER. Did you observe any wounds on him at the time you first saw him?

Dr. AXIN. There was a midline neck wound below the level of the cricoid cartilage, about 1 to 1.5 cm. in diameter, the lower part of this had been cut across when I saw the wound, it had been cut across with a knife in the performance of the tracheotomy. The back of the right occipitoparietal portion of his head was shattered, with brain substance extruding.

Mr. SPECTER. Returning to the wound which you first described, can you state in any more detail the appearance of it at the time you first saw it?

Dr. AXIN. I don't think I could—this is about all I noticed. I noticed the wound very briefly and it was a matter of academics as to how he sustained the wound. My attention, because of my standing on the right side of the patient who was lying supine, my attention was very soon directed to the head wound and this was my major concern.

**"I, James J. Humes, certify that I have destroyed by burning certain preliminary draft notes relating to the Naval Medical School Autopsy Report A63-272 (JFK Autopsy)."**

— James J. Humes, 11/24/63.

(4) One roll of 120 film (processed but showing no recognizable image) which we recall was seized by Secret Service agents from a Navy medical corpsman whose name is not known to us during the autopsy and immediately exposed to the light. This item is numbered as Item 4 in Appendix B to the letter dated October 29, 1966 referred to above.

Upon completion of our examination, identification, marking, arrangement and listing of all of these photographic materials as described above, we left these materials with Dr. Rhoads. The X-rays and photographs described and listed above include all the X-rays and photographs taken by us during the autopsy, and we have no reason to believe that any other photographs or X-rays were made during the autopsy.

James J. Humes  
James J. Humes  
Captain, M.C., USN

Nov 10, 1966  
date

Thornton Boswell, M. D.  
Thornton Boswell, M. D.  
Cdr. MC. USN (Ret.)

Nov 10, 1966  
date

John H. Ebersole  
John H. Ebersole  
Captain, M.C., USN

Nov 10, 1966  
date

John T. Stringer  
John T. Stringer, Photographer  
Naval Medical Center  
Bethesda, Maryland

16 Nov 1966  
date

1. You are notified that you are under verbal orders of the Surgeon General, United States Navy, to discuss with no one outside the hospital with your official duties on the evening of 22 November - 23 November 1963.

2. This letter constitutes official notification and reiteration of these verbal orders. You are warned that infraction of these orders makes you liable to court-martial proceedings under appropriate articles of the Uniform Code of Military Justice.

Question: Were you present at all times during the autopsy?  
Answer: At all times one or both Agents were present in the autopsy room.  
Question: Did you make any notes during the course of the evening?  
Answer: Yes.  
Question: Do you still have them?  
Answer: No.  
Question: What happened to them?  
Answer: After dictating and comparing the dictation with the notes, they were destroyed.

March 12, 1964

To: Mr. J. Lee Jackson

FROM: Arlen Specter

SUBJECT: Interview of FBI Agents Report at Autopsy

On March 12, 1964, I interviewed Special Agents Francis X. O'Neill and James W. Gilbert in my office from approximately 10:00 a.m. to 10:45 a.m.

SA O'Neill and Gilbert advised that they did not recall any discussion of the theory that the bullet might have been fanned out of the body by external cardiac massage until after SA Gilbert reported the finding of the bullet on the stretcher; however, neither agent could conclusively rule out the possibility that such a hypothesis was advanced prior to that time, but each expressed the opinion that he thought that theory was expressed after information was obtained about the bullet on the stretcher. SA Gilbert advised that he made no notes during the autopsy. SA O'Neill stated that he made only a few notes, which he destroyed after his report was dictated. SA O'Neill advised that he is sure that his notes would not have shown when the Doctors expressed the thought that the bullet might have been fanned out by external heart massage, in relation to the time that they learned of the presence of the bullet on the Parkland Hospital stretcher, since those were direct quotes from Kellerman because O'Neill used quotation marks in his report which indicated that he had written those precise words in his notes, which notes have since been destroyed after the report was dictated. SA O'Neill noted that Dr. Kellerman did not repeat that language in the interview of November 27, 1963, and that in the later interview O'Neill took down what Kellerman said without leading or directing him in any way.



U. S. NAVAL MEDICAL SCHOOL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20814

24 November 1963

C-E-R-T-I-F-I-C-A-T-E

I, James J. Humes, certify that I have destroyed by burning certain preliminary draft notes relating to Naval Medical School Autopsy Report A63-272 and have officially transmitted all other papers related to this report to higher authority.

J. J. Humes  
J. J. HUMES  
CDR, MC, USN

Commander HUMES, in privacy of my own home, early in the morning of Sunday, November 24th, I made a draft of this report which I later revised, and of which this represents the revision. That draft I personally burned in the fireplace of my recreation room.  
Mr. SPECTER, May the record show that the Exhibit No. 397 is the identical document which has been previously identified as Commission No. 371 for our internal purposes.

Mr. CORNWELL, I only have one final question. First, however, the notes are no longer in existence; is that correct?

Dr. HUMES, The original notes which were stained with the blood of our late President, I felt were inappropriate to retain to turn in to anyone in that condition. I felt that people with some peculiar ideas about the value of that type of material, they might fall into their hands.

I sat down and word for word copied what I had on fresh paper. Mr. CORNWELL, And then destroyed them?  
Dr. HUMES, Destroyed the ones that were stained with the President's blood.

22 November 1963

From: Francis X. O'NEILL, Jr., Agent FBI  
James W. GIBERT, Agent FBI

To: Captain J. H. STEVER, Jr., Commanding Officer, U. S. Naval Medical School, National Naval Medical Center, Bethesda, Maryland

1. We hereby acknowledge receipt of a missile removed by Commander James W. HART, USN on this date:

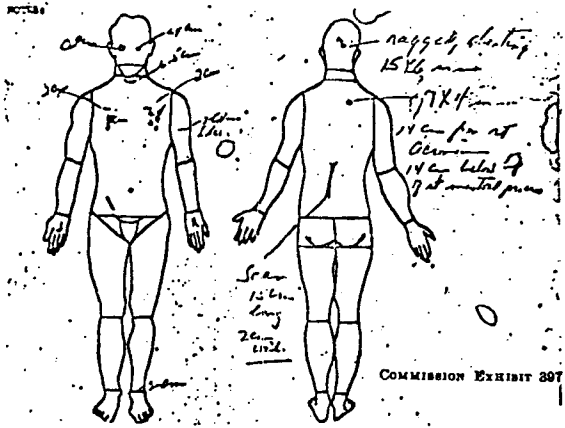
James W. Hart  
James W. HART

**RESULTS OF AUTOPSY ON JOHN F. KENNEDY**

On November 23, 1963, an autopsy was performed on the body of former President JOHN F. KENNEDY at the National Naval Medical Center, Bethesda, Maryland. A total body X-ray and autopsy revealed one bullet hole located in the right shoulder to front of spinal column and hand-drawn trajectory at angle of 45 to 60 degrees downward and hole of short distance to point of exit. No bullet located in body.

We have an explanation there in the autopsy that probably a fragment came out the front of the neck, but with the elevation the shot must have come from, and the angle, it seems quite apparent now, since we have the picture of where the bullet entered in the back, that the bullet entered below the shoulder blade to the right of the backbone.

The autopsy also disclosed a wound near the base of the back of President Kennedy's neck slightly to the right of his spine. The doctors traced the course of the bullet through the body and, as information was received from Parkland Hospital, concluded that the bullet had emerged from the front portion of the President's neck that had been cut away by the tracheotomy at Parkland.



Representative Boas. At this time did you see the whole body?  
 Mr. Hill. Yes, sir.  
 Representative Boas. Did you see any other wound other than the head wound?  
 Mr. Hill. Yes, sir; I saw an opening in the back, about 6 inches below the neckline to the right-front side of the spinal column.

Dr. Pusey. After having talked to Drs. Baxter and Peters and I identified them as having placed it in the second interspace, anteriorly, in the midclavicular line, in the right hemithorax, he asked me at that time if we had made any wounds in the back. I told him that I had not examined the back nor had I knowledge of any wounds at the back.



**A. Assassin in Building**

As the motorcade was traveling through downtown Dallas on Elm Street about fifty yards west of the intersection with Houston Street (Exhibit 1), three shots rang out. Two bullets struck President Kennedy, and one wounded Governor Connally. The President, who slumped forward in the car, was rushed to Parkland Memorial Hospital, where he was pronounced dead at 1:00 p. m.

Immediately after President Kennedy and Governor Connally were admitted to Parkland Memorial Hospital, a bullet was found on one of the stretchers. Medical examination of the President's body revealed that one of the bullets had entered just below his shoulder to the right of the spinal column at an angle of 45 to 60 degrees downward, that there was no point of exit, and that the bullet was not in the body. An examination of this bullet by the FBI Laboratory determined that it had been fired from the rifle owned by Oswald. (Exhibit 23)

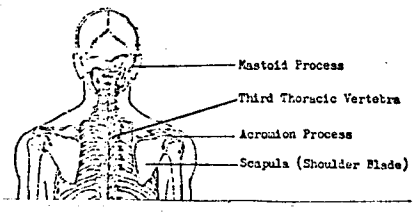
**John Fitzgerald Kennedy**

President John Fitzgerald Kennedy, while riding in the motorcade in Dallas, Texas, on November 22, 1963, and at approximately 12:30 p. m., was struck in the head by an assassin's bullet and a second wound occurred in the posterior back at about the level of the third thoracic vertebra. The second wound was of the type causing a fragmentation of the skull and evulsion of three particles of the skull at time of the impact, with resulting maceration of the right hemisphere of the brain. The President was rushed to Parkland Memorial Hospital, and was immediately under the care of a team of physicians at the hospital under the direction of a neurosurgeon, Kemp Clark. I arrived at the hospital approximately five minutes after the President and immediately went to the emergency room. It was evident that the wound was of such severity that it was bound to be fatal. Breathing was noted at the time of arrival at the hospital by several members of the Secret Service. Emergency measures were employed immediately including intravenous fluid and blood. The President was pronounced dead at 1:00 p. m. by Dr. Clark and was verified by me.

To the White House, Washington, D. C.

November 23, 1963

George Gregory Burdick  
 M.D.  
 Physician in Charge, Parkland Hospital



**RESULTS OF AUTOPSY ON JOHN F. KENNEDY**

On November 23, 1963, an autopsy was performed on the body of former President JOHN F. KENNEDY at the National Naval Medical Center, Bethesda, Maryland. A total body X-ray and autopsy revealed one bullet hole located just below shoulders to right of spinal column and hand-probing indicated trajectory at angle of 45 to 60 degrees downward and hole of short depth with no point of exit. No bullet located in body.

A second bullet entered back of head and thereafter emerged through top of skull. Two metal fragments removed from brain area, the first 7 x 2 millimeters and the other 3 by 1 millimeters in size.

The above two metal fragments were turned over to Agents of the FBI for delivery to the FBI Laboratory.

A piece of skull measuring 10 by 6.5 centimeters had been flown in to Bethesda from Dallas hospital and this disclosed minute metal fragments where bullet emerged from skull.

With respect to the bullet hole located in the back, pathologist at National Naval Medical Center was of the opinion this bullet worked its way out of the victim's back during cardiac massage performed at Dallas hospital prior to transportation of the body to Washington.

With respect to this situation, it is noted that Secret Service Agent RICHARD JOHNSON turned over to the FBI Laboratory one 6.5 millimeter rifle bullet (approximately .25 caliber), copper alloy, full jacket, which he advised was found on a stretcher in the emergency room of the Dallas hospital to which the victim was taken. JOHNSON was unable to advise whether stretcher on which this bullet was found had been used for the President.

The above information was received by communication from the Baltimore Office, dated November 23, 1963.

Mr. Rankin. Then there is a great range of material in regard to the wounds, and the autopsy and this point of exit or entrance of the bullet in the front of the neck, and that all has to be developed much more than we have at the present time.

We have an explanation there in the autopsy that probably a fragment came out the front of the neck, but with the elevation the shot must have come from, and the angle, it seems quite apparent now, since we have the picture of where the bullet entered in the back, that the bullet entered below the shoulder blade to the right of the backbone, which is below the place where the picture shows the bullet came out in the neckband of the shirt in front, and the bullet, according to the autopsy didn't strike any bone at all, that particular bullet, and go through.

**SECRET SERVICE GETS REVISION ON KENNEDY WOUND**

After Visit by Agents Doctors Say Shot Was From Rear

By a Washington Correspondent of the Post-Dispatch

WASHINGTON, Dec. 15—Two Secret Service agents called last week on Dallas surgeons who attended President John F. Kennedy and obtained a reversal of their original view that the bullet in his neck entered from the front.

The investigators did so by showing the surgeons a document described as an autopsy report from the United States Naval Hospital at Bethesda. The surgeons changed their original view to conform with the report they were shown.

"There was no coercion at all," Dr. Robert N. McClelland told the Post-Dispatch. "They didn't say anything like, 'This is what you think, isn't it?'"

The Associated Press reported that a source familiar with the autopsy findings said Mr. Kennedy might have survived the first bullet to strike him. He said it was the second bullet which struck his head, that proved fatal.

This source said last night the first bullet struck the President in the back and did not damage any vital organs. He said it was not likely to have caused death.

The surgeons' earlier description of a wound in the front of the President's throat as an entry wound had cast doubt on the official belief that Lee Harvey Oswald was the only assassin. It had suggested the possibility that a second sniper had fired simultaneously from somewhere in front of the President's automobile.

**Kennedy Autopsy Report**

By Nate Hasselme Staff Reporter

**PRESIDENT KENNEDY** was shot twice, both times from the rear, and could readily have survived the first bullet which was found deep in his shoulder.

The second bullet to hit the President, however, tore off the right rear portion of his head so destructively as to be "completely incompatible with life." A fragment was deflected and passed out the front of the throat, creating an irregular belief he may have been shot from two angles.

These are the findings of the as yet unofficial report of pathologists who performed the autopsy on the President's body the night of Nov. 22.

The findings clear up confusions over whether the President was shot once or twice, and particularly whether one shot hit him in the neck from the front.

Now it is known that both shots came from the back, the first hitting him high in the back shoulder. It caused a hematoma, a pooling of blood, inside the neck and shoulder muscles, but no critical harm.

**THE SECOND**, the lethal bullet, smashed off the lower right back side (occipito-parietal region) of the head.

The so-small and clean wound in the front of the throat led to open speculation that the President may have been shot from two sides, which the autopsy showed to be false.

**2D SHOT REPORTED FATAL TO KENNEDY**

First Hit No Vital Organs, Autopsy Said to Disclose

WASHINGTON, Dec. 17 (AP)

—The first shot fired by President Kennedy's assassin struck Mr. Kennedy in the back and did not hit any vital organ, a reliable source familiar with the autopsy findings reported tonight.

The second bullet to hit Mr. Kennedy—after another had struck Gov. John B. Connally Jr. of Texas—hit the President in the back of the skull and proved fatal.

The findings of pathologists who conducted an autopsy on Mr. Kennedy's body at the Bethesda, Md., Naval Hospital have not been made public. However, a source familiar with the results gave the following account:

The first bullet made what was described as a small, neat wound in the back and penetrated two or three inches.

The source said this bullet had struck no vital organs and was not likely to have inflicted a fatal wound.

He raised the possibility that it might have ricocheted off some part of the limousine before striking the President, because it did not penetrate deeply.

The pathologists at Bethesda, the source said, concluded that the throat wound was caused by the emergence of a metal fragment or piece of bone resulting from the fatal shot in the head.

**12 Perplexing Questions**

By JACK LANGGUTH

Special to The New York Times

DALLAS, Jan. 25—Two months after the shooting of President Kennedy, questions about the assassination still await satisfactory public answers.

Nevertheless, Federal authorities remain convinced that Lee H. Oswald shot the President, and that he acted alone.

Here are 12 questions some times asked and the most authoritative answers now available:

Did one bullet strike the President from the front, penetrating an accomplice?

The number of bullets reported, their direction and damage have been matters of wide dispute.

Investigators are now satisfied that the first of three bullets hit the President in the back of his right shoulder, several inches below the collar line. That bullet lodged in his shoulder. The second bullet wounded Gov. John B. Connally of Texas.

Third Bullet Hit Head

The third bullet, according to an autopsy at Bethesda Naval Hospital in Maryland, ripped away a portion of the back of the President's head on the right side. Fragments from the bullet struck a wound in the President's throat and damaged the windshield of the Presidential limousine.

Doctors at Parkland Hospital have explained that early and conflicting reports were owing to the fact that they could not make a detailed examination of the President's wounds.

**AUTOPSY SHOWED 2 BULLET WOUNDS**

Shot Through Brain Fatal, Medical Report Says

New York Times, Sept. 25

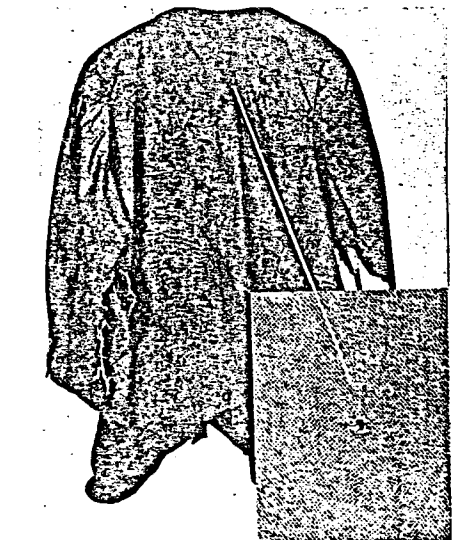
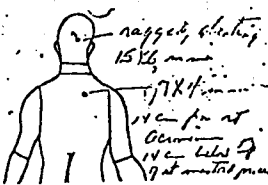
By HAROLD M. SCHMECK Jr.

There was no chance of saving President Kennedy's life after the assassin's bullet passed from the back of his head through the right side of the brain, according to the Warren Commission report.

This point, confirming what had been widely believed, was a major conclusion of the three doctors who performed an autopsy on the President six hours after his death.

The autopsy report appears to have "emerged" from the front of the President's head. Two wounds appeared to have been two bullets, each of which caused an entrance and an exit wound. The medical and physical evidence gave no way of proving which struck first, the doctors said.

The bullet that hit the back of the President's head seemed to have caused a small entrance wound one-fourth of an inch by five-eighths of an inch and the other massive wound that gravely damaged the right side of the President's brain. The other bullet made a small hole at the base of the back of the neck which was not found until after an exit wound in the front of the neck.



Commander HEMES. The President was extremely well-developed, an extremely well-developed, muscular young man with a very well-developed set of muscles in his thorax and shoulder girdle.

Mr. SPECTER. What effect would that have on the positioning of the shirt and coat with respect to the position of the neck in and about the seam?

Commander HEMES. I believe this would have a tendency to push the portions of the coat which show the defects here somewhat higher on the back of the President than on a man of less muscular development.

Mr. SPECTER. Mr. Chief Justice, may I please the Commission, I would like to mark for identification Exhibit 396, which later proof will show is a picture of President Kennedy shortly before the first bullet struck him, and ask the doctor to take a look at that.

Will you describe, Doctor Hemes, the position of President Kennedy's right hand in that picture?

Commander HEMES. Yes. This exhibit, Commission Exhibit No. 396, allegedly taken just prior to the wounding of the late President, shows him with his hand raised, his elbow bent, apparently in saluting the crowd. I believe that this action—

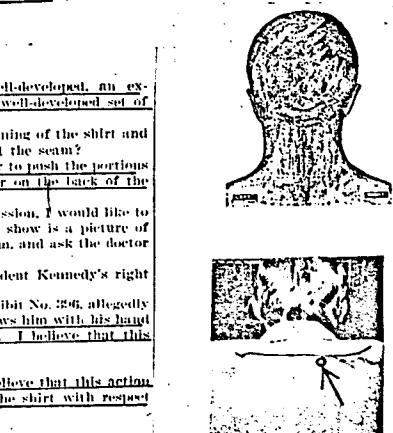
Mr. SPECTER. Which hand was that?

Commander HEMES. This was his right hand, sir. I believe that this action would further accentuate the elevation of the coat and the shirt with respect to the back of the President.

**I. FBI Laboratory Examinations**

**A. President's Clothing**

The FBI Laboratory has determined that the bullets used in the assassination of President Kennedy on November 22, 1963, were a military type manufactured by the Western Cartridge Company, East Alton, Illinois. These bullets have solid noses with full copper alloy jackets and lead cores. Examination of the President's clothing by the FBI Laboratory disclosed that there was a small hole in the back of his coat and shirt approximately six inches below the top of the collar and two inches to the right of the middle seam of the coat. There were minute traces of copper on the fabric surrounding the hole. Medical examination of the President's body had revealed that the bullet which entered his back had penetrated to a distance of less than a finger length. (Exhibits 59 and 60)



# Text of Statement by Hoover on the Warren Report

WASHINGTON, Nov. 25 (UPI)—Following is the text of the statement by J. Edgar Hoover, director of the Federal Bureau of Investigation, on recent challenges of the findings of the Warren Commission on the Kennedy assassination:

The Warren Commission and its findings concerning the assassination of President Kennedy currently are being severely criticized. The conclusions of the commission, especially its conclusion that Lee Harvey Oswald acted alone in the assassination, have been openly challenged.

In support of their speculation, some of the critics allege, among other things, that there is a "conflict" between portions of two F.B.I. reports and the official autopsy report regarding the wounds found in the President's body.

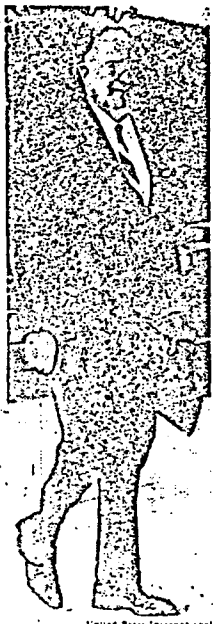
### There is No Conflict

While there is a difference in the information furnished by the F.B.I. and the information contained in the autopsy report concerning the wounds there is no conflict.

The F.B.I. records record oral statements made by autopsy physicians while the examination was being conducted and before all facts were known. The autopsy report, however, is the final finding of the examination.

Specifically, it is what happened the autopsy was conducted at Bethesda Naval Hospital on the evening of Nov. 22, 1963. Two F.B.I. agents were present.

They reported that Dr.



J. Edgar Hoover

James J. Humes, chief autopsy surgeon, located what appeared to be a bullet hole in the back below the shoulder and probed it to the end of the opening with a finger. The examining physicians were unable to explain why they could find no bullet or point of exit.

Unknown to the agents, the physician eventually was able to trace the path of the bullet through the body. On the morning of Nov. 23, 1963, Dr. Humes contacted doctors who treated the President at Parkland Hospital in Dallas, Tex., the previous day and confirmed an assumption that a tracheotomy had been performed using a bullet hole in the front of the neck as the point of incision.

The information reported by the agents present during the autopsy was summarized on page 18 of the F.B.I. report dated Dec. 9, 1963.

### Hole Found in Coat

Meanwhile, the clothing worn by the President when he was shot was examined in the F.B.I. laboratory. This examination revealed a small hole in the back of his coat and shirt and a slit characteristic of an exit hole for a projectile in the front of the shirt one inch below the collar button. A nick on the left side of the tie knot, possibly caused by the same projectile which passed through the shirt, also was noted.

These findings clearly indicated the examining physician's early observation that the bullet penetrated only a short distance into the President's back probably was in error.

Since this observation had been included in the F.B.I. report of Dec. 9, 1963, another

reference was made to it in the report of Jan. 13, 1964. In conjunction with the laboratory findings to point up this probability.

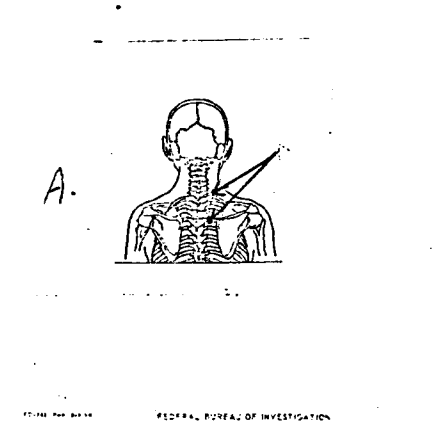
The F.B.I. and the Warren Commission each received a copy of the official autopsy report on Dec. 23, 1963 from Secret Service following a specific request for this document. Since the F.B.I. knew the commission had a copy of the official autopsy, its contents were not repeated in an F.B.I. report.

### Film Charge Denied

Recently the charge has been made that the F.B.I. altered the film of the assassination taken by Abraham Zapruder. This is totally false. The F.B.I. never had the original Zapruder film in its possession—it was purchased by a national magazine. The F.B.I. obtained a copy of the original uncut film and reproduced this for the commission, which since has turned it over to national archives.

At the direction of President Johnson, the F.B.I. conducted a prompt, intensive, objective and thorough investigation of the assassination. The results of this investigation were accurately reported to the Warren Commission.

Not one shred of evidence has been developed to link any other person in a conspiracy with Oswald in assassinating President Kennedy. All available evidence and facts point to one conclusion—that Oswald acted alone in his crime.



SA JOHN JAY ROWLETT, U. S. Secret Service, Dallas, advised that the aid of a surgeon and through the use of a millimeter scale depicting President John F. Kennedy being struck by assassin's bullets on November 22, 1963, ROWLETT was able to ascertain that the distance from the window ledge of the Northwood to the spot in the back of the head where the President was struck the first time in the back was approximately 170 feet. He stated this distance would be accurate within two or three feet. The distance from the same window ledge to the spot where President KENNEDY was struck in the head by the assassin's bullet was approximately 250 feet. Mr. ROWLETT stated that Secret Service Agents, using the 8 millimeter film had been unable to ascertain the exact location where Governor JOHN B. CONNALLY was struck.

SA ROWLETT advised that it had been ascertained from the 8 millimeter film that the bullet which struck the President's back was fired from the window referred to above and the one from which the shots were fired at face south.

A

B

Mr. SPECTER. Were any Secret Service Agents present besides you and Mr. Kellerman?

Mr. GREEN. No, sir.

Mr. SPECTER. At the autopsy?

Mr. GREEN. There may have been, Mr. Hill may have come in and out but he didn't stay there. Mr. Kellerman and I stayed permanently the whole time there. There may have been, Mr. Hill may have come in there and have gone back out but he didn't stay in there.

Mr. SPECTER. Was anything said about any channel being present in the body for the bullet to have gone on through the back?

Mr. GREEN. No, sir; I hadn't heard anything like that, any trace of it going on there.

Mr. KELLERMAN. There were three gentlemen who were performing this autopsy. A Colonel Finck—during the examination of the President, from the hole that was in his shoulder, and with a probe, and we were standing right alongside of him, he is probing inside the shoulder with his instrument and I said, "Colonel, where did it go?" He said, "There are no lines for an outlet of this entry in this man's shoulder."

Mr. SPECTER. Did you say anything in response to that?

Mr. KELLERMAN. I said, "Colonel, would it have been possible that while he was on the stretcher in Dallas that it works itself out?" And he said "yes."

Attempts to probe in the vicinity of this wound were unsuccessful without fear of making a false passage.

Mr. McCLOY. I am not clear what induced you to come to that conclusion if you couldn't find the actual exit wound by reason of the tracheotomy.

Commander HUNES. The report which we have submitted, sir, represents our thinking within the 24-hour period of the death of the President, all facts taken into account of the situation.



UNITED STATES GOVERNMENT  
**Memorandum**

TO : Mr. Belmont

FROM : A. Rosen

SUBJECT: THE PRESIDENT'S COMMISSION ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

DATE: December 24, 1963

During discussions with Inspector Bailey, J. Lee Rankin, General Counsel for the President's Commission, expressed considerable interest in the official autopsy reports prepared by doctors at the National Naval Medical Center concerning the death of President Kennedy. Mr. Rankin was advised that because of the strong desire on the part of the President's family to keep the autopsy report as confidential as possible the Bureau had not requested a copy of the report.

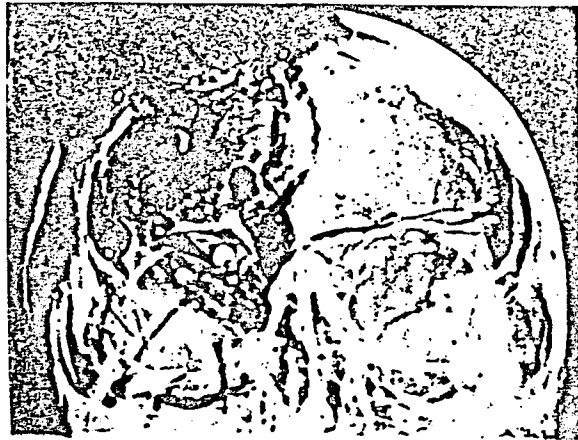
In view of the interest displayed by Mr. Rankin, arrangements were made to obtain a copy of the autopsy report from the Secret Service for the Bureau's use and a request was also made that Secret Service furnish a copy of the report to Mr. Rankin. Secret Service advised that this would be done. In discussions with Mr. Rankin on 12-23-63 he was advised of the action taken by the Bureau. Mr. Rankin stated he has now received a copy of the autopsy report from the Secret Service and he expressed sincere appreciation for the Bureau making this possible.

It is noted that the autopsy report discloses no new information of significance in addition to that already obtained through investigation. One of the reasons expressed by Mr. Rankin for his keen interest in the report was the fact that newspaper accounts and other unverified sources have advanced the theory that one bullet entered the President's throat from the front. The autopsy report discredits this speculation. In fact, the report unequivocally states that it is the opinion of the examining physicians that the President died as the result of two gunshot wounds and the projectiles were fired from a point "behind and somewhat above the level of the deceased." As previously reported, one bullet entered the back below the shoulder and the other the back of the head.

It is noted that a copy of the autopsy report will be maintained in the Bureau files, but no further dissemination of it is being made at this time.

54 JAN 28 1964

1 - Mr. DeLoach  
1 - Mr. Sullivan  
FOR INFO (8)



**Disputes CIA's Version**

**Rep. Stokes Confirms JFK Files Report**

Rep. Louis Stokes (D-Ohio), former chairman of the House Assassinations Committee, confirmed last night that a Central Intelligence Agency officer gained unauthorized access last summer to a safe containing sensitive committee files.

In a floor speech that disputed the CIA's version on several important points, Stokes said a notebook containing autopsy photos of President Kennedy had been taken out of the safe, that a plastic cover had been ripped out of the notebook and one of the photos removed from the plastic cover.

Fingerprints on the plastic on the inside of the safe door and other materials in the safe were traced to a CIA liaison officer who had no busi-

ness being in the room alone, Stokes said.

In response to reports in The Washington Post, the CIA has taken the position that the officer in question, who was dismissed, had every right to

be in the room; and that he did not enter the safe to get the notebook. The agency has implied that the notebook was inadvertently left outside the safe and that, in any case, the incident was simply a matter of "curiosity" on the officer's part.

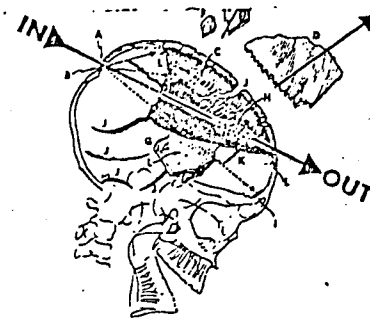
Stokes, however, said that the committee staff members who conducted their own investigation of the episode were not satisfied that the motive has been established.

"They believe 'mere curiosity' is not consistent with the fingerprint evidence," he said.

Stokes, however, noted that apparently nothing was missing from the safe and voices doubts that further inquiry would resolve the matter.

"In the absence of a full and truthful confession by the agency employee or the others, if any, who were in league with him—or substantial new evidence, all recognize that the matter of motive cannot be ultimately resolved," Stokes said in his prepared

speech. He said he considers the matter "closed" and feels that "the (House) committee and the agency did all they reasonably could be expected to do" last summer.



**Dr. CARRICO.** The wound that I saw was a large gaping wound, located in the right occipitoparietal area. I would estimate to be about 5 to 7 cm. in size, more or less circular, with avulsions of the calvarium and scalp tissue. As I stated before, I believe there was shredded macerated cerebral and cerebellar tissues both in the wounds and on the fragments of the skull attached to the dura.

**Dr. AKIN.** There was a midline neck wound below the level of the ear-oid cartilage, about 1 to 1.5 cm. in diameter, the lower part of this had been cut across when I saw the wound. It had been cut across with a knife in the performance of the tracheotomy. The back of the right occipitoparietal portion of his head was shattered, with brain substance extruding.

**Mr. SPECTER.** Did you have any opinion as to the direction that the bullet hit his head?

**Dr. AKIN.** I assume that the right occipitoparietal region was the exit, so to speak, that he had probably been hit on the other side of the head, or at least tangentially in the back of the head, but I didn't have any hard and fast opinions about that either.

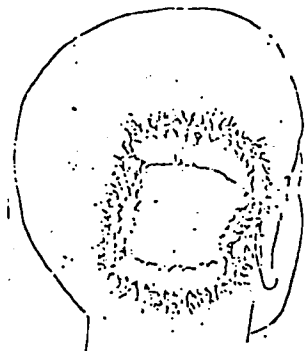
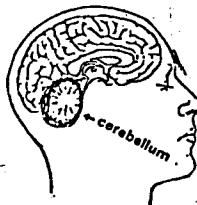
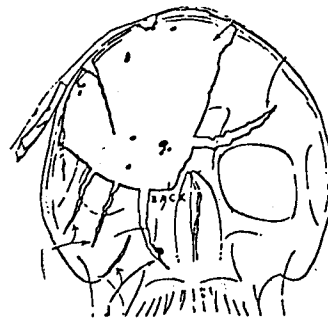
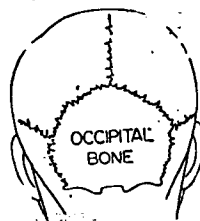
**Mr. SPECTER.** What were your initial impressions?

**Dr. McCLELLAND.** The initial impression that we had was that perhaps the wound in the neck, the anterior part of the neck, was an entrance wound and that it had perhaps taken a trajectory off the anterior vertebral body and again into the skull itself, exiting out the back, to produce the massive injury in the head. However, this required some straining of the imagination to imagine that this would happen, and it was much easier to explain the apparent trajectory by means of two bullets, which we later found out apparently had been fired, than by just one then, on which basis we were originally taking to explain it.

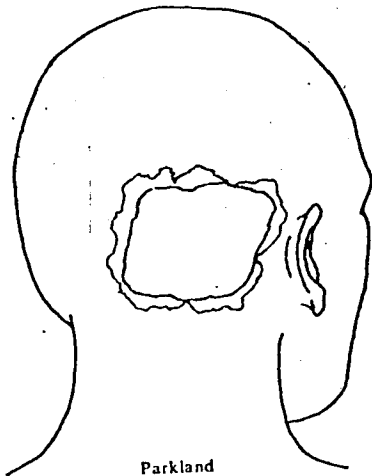
**Mr. SPECTER.** Through the use of the pronoun "we" in your last answer, to whom do you mean by "we"?

**Dr. McCLELLAND.** Essentially all of the doctors that have previously been mentioned here.

**Dr. McCLELLAND.** As I took the position at the head of the table that I have already described, to help out with the tracheotomy, I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone was protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out. There was a large amount of bleeding which was occurring mainly from the large venous channels in the skull which had been blasted open.



# JFK AUTOPSY PHOTO ALTERED?



Parkland

Drawing illustrating the hole seen at Parkland Hospital, as described by doctors in medical reports and Warren Commission testimony. Dr. Carrico estimated the size as 5 ~~to~~ 7 cm (2 ~~to~~ 2 1/4 inches). Parkland doctors located this wound in the right occipitoparietal area.



Mr. SPECTER. Did you observe the condition of the back of the President's head?

Dr. McCLELLAND. Well, partially; not, of course, as I say, we did not lift his head up since it was so greatly damaged. We attempted to avoid moving him any more than it was absolutely necessary, but I could see, of course, all the extent of the wound.

Mr. SPECTER. You saw a large opening which you have already described?

Dr. McCLELLAND. I saw the large opening which I have described.

Mr. SPECTER. Did you observe any other wound on the back of the head?

Dr. McCLELLAND. No.

Mr. SPECTER. Did you observe a small gunshot wound below the large opening on the back of the head?

Dr. McCLELLAND. No.

Humes + W.C.

Commander Humes. The wound in the low neck of which I had previously begun to speak is now depicted in 385, in 386 and in 388.

The second wound was found in the right posterior portion of the scalp. This wound was situated approximately 2.5 centimeters to the right, and slightly above the external occipital protuberance which is a bony prominence situated in the posterior portion of everyone's skull. This wound was then 2 1/2 centimeters to the right and slightly above that point.

The third obvious wound at the time of the examination was a huge defect over the right side of the skull. This defect involved both the scalp and the underlying skull, and from the brain substance was protruding.

This wound measured approximately 13 centimeters in greatest diameter. It was difficult to measure accurately because radiating at various points from the large defect were multiple crisscrossing fractures of the skull which extended in several directions.

I have noted in my report that a detailed description of the lines of these fractures and of the types of fragments that were thus made were very difficult of verbal description, and it was precisely for this reason that the photographs were made so one might appreciate more clearly how much damage had been done to the skull.

Humes + HSCA.

Mr. CORNWELL. Dr. Humes, you have indicated that you, of course, worked under the handicap, which, of course, was caused by conditions beyond your control, during the autopsy and the writing of the report, of not having autopsy photographs to work with; is that correct?

Dr. HUMES. Nor the X-rays by the time we were writing the report.

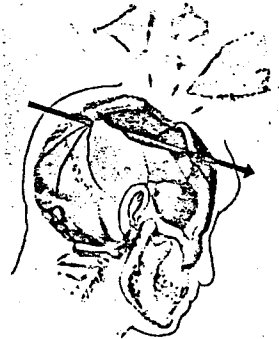
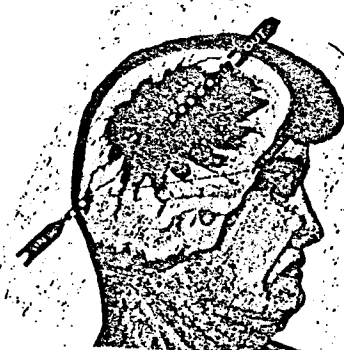
Mr. CORNWELL. Nor the X-rays. Your initial autopsy report indicated that, as you have just stated, the wound was, indeed, above, I believe the report is worded in terms of "slightly above," the external occipital protuberance.

The testimony today indicates that the wound plus that at approximately 10 centimeters above that external occipital protuberance. Would that discrepancy be explainable?

Dr. Humes. Well, I have a little trouble with that; 10 centimeters is a significant — 4 inches.





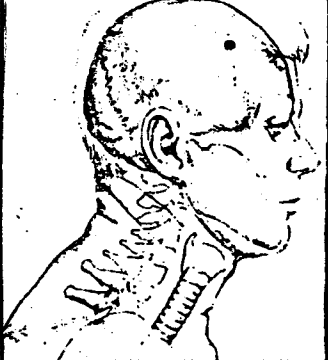
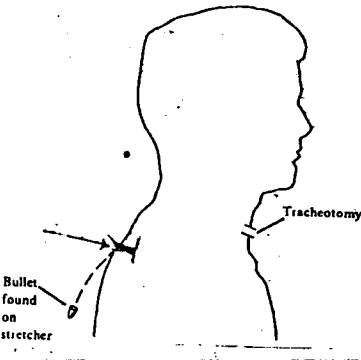
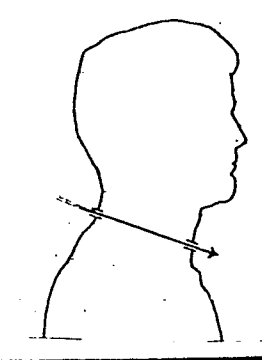
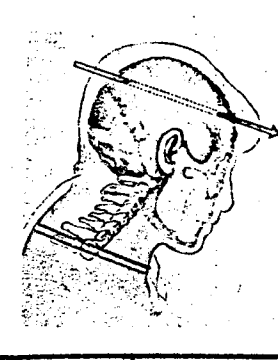
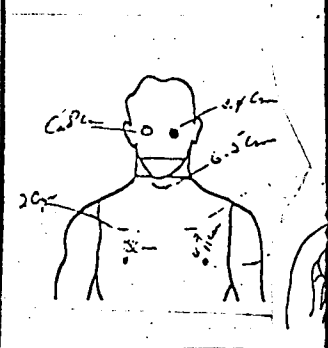
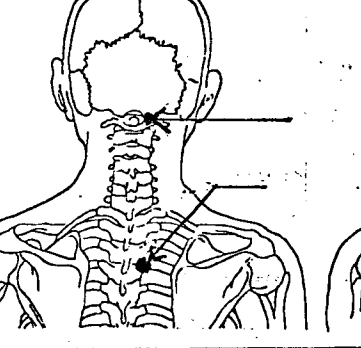
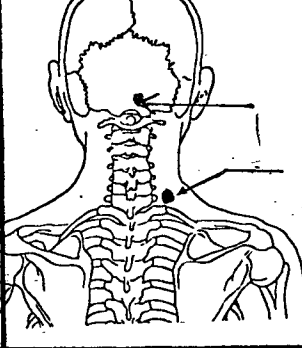
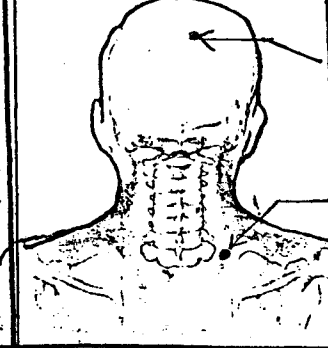
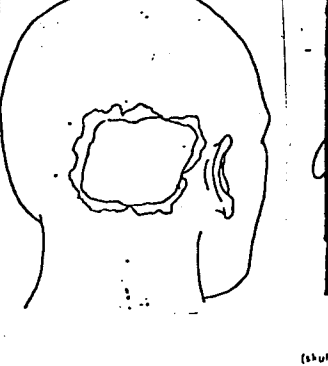
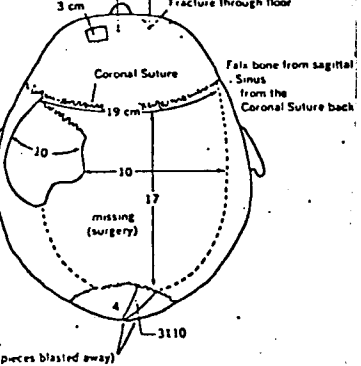
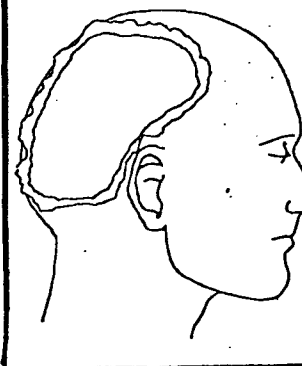
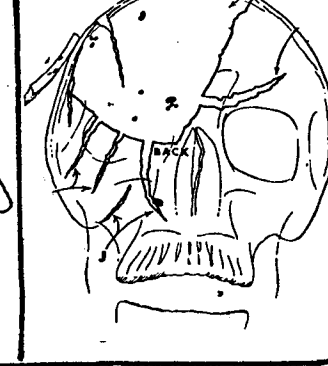
Mr. CORNWELL. I would like to simply ask you a few specific questions in order to determine —

Dr. Humes. I go back to the fact there was only one, period.





# DID SOMEONE ALTER THE MEDICAL EVIDENCE?

PARKLAND HOSPITAL	BETHESDA AUTOPSY I	BETHESDA AUTOPSY II	HOUSE ASSASSINATIONS COMMITTEE
 <p>Adam's Apple Wound</p>			
	 <p>Tracheotomy Bullet found on stretcher</p>		
 <p>Cap 2.9 cm 2.0 cm 6.5 cm</p>			
	 <p>Vomer crushed globe rt eye Fracture through floor Coronal Suture Falls bone from sagittal Sinus from the Coronal Suture back 19 cm 10 17 missing (surgery) 4 3110</p> <p>(skull pieces blasted away)</p>		 <p>back</p>



us, and had Dr. Rose performed a proper autopsy, there would be no question these 15 years."

Dr. Charles Baxter said that, without question, the back of the President's head was blown away. "It was a large, gaping wound in the occipital area," he said, "a tangential wound."

Dr. Baxter also stated that the wound in the throat, which was never discovered by the autopsy doctors, was "no more than a pinpoint. It was made by a small caliber weapon. And it was an entry wound."

Dr. Donald Seldin did not want to talk to anyone. "I just can't remember, I just can't help you," he said. "It's been so long. What is it now? Fifteen years?"

Dr. Robert McClelland, a neurosurgeon, confirmed also that the right posterior portion of the skull had been blown away, and states that the drawing on page 140 of *Six Seconds In Dallas* by Josiah Thompson was an accurate representation of the rear head wound.

Dr. Paul C. Peters, who was not present at the time of the interview, returned the two differing illustrations of the back of the President's head—the one offered as evidence

in the Committee, and the other in Thompson's book—and stated, "I have marked an 'X' on the picture which more accurately depicts the wound, although neither is quite accurate in my opinion. There was a large hole in the back of the head through which one could see the brain." Dr. Peters' X was on the Thompson drawing.

Dr. Giesecke expressed disturbance that the President's body was so quickly removed from Texas and that a proper autopsy was not conducted by the military. (The many faults of this autopsy are outlined in Vol. VII of the Appendix to *The Report of the Assassination Committee*, page 193.)

General Philip Wehle, Commanding Officer of the U.S. Military District, Washington, D.C., was present in the autopsy room at Bethesda Naval Hospital when Kennedy's body was examined, and "ordered us not to perform certain procedures," said Dr. Pierre Finke.

The wound through the back was therefore never probed to see if it connected to the throat wound. Had this been done, there would be proof as to whether the President was struck from behind in the back, or from in front in the throat, or if a single bullet passed through the

President from behind and struck Governor Connally.

Additional gunshot wounds found at that time would have proved a conspiracy then. It is only now that the Assassination Committee is admitting to an extra gunshot from the grassy knoll, which therefore admits to an additional gunman, and a conspiracy.

...

Lt. William Pitzer, who was supposed to have taken the autopsy photos of the President, was—according to a story in *The Waukegan News-Sun* on May 1, 1975) murdered. He was shot with a .45 caliber pistol and found with the gun in his right hand, though he was left-handed. Pitzer's death was ruled a suicide. Pitzer has evidently become a non-person in the case; his name does not appear on the list of those present at the autopsy that was published by the Committee on page 8 of volume VII.

An examination of the two drawings that accompany this article will reveal the wide discrepancy between what the Committee accepted as evidence and what many reliable medical witnesses have attested to.

## House Assassination Report Branded 'A Lie'

by Harrison E. Livingstone

**Fletcher Prouty, former liaison officer between the Pentagon and the Central Intelligence Agency, and author of *The Secret Team*, has reiterated that there was a conspiracy within U.S. government circles which resulted in the murder of President John F. Kennedy. He scoffed at unsubstantiated theories advanced by Chief Counsel Blakey of the Assassination Committee that "organized crime" figures may have committed the murder. "How could they cover it up?" Prouty asked.**

Colonel Prouty, now retired from the military, was in the key position of Focal Point Officer. From this vantage point, he probably knows more about the CIA's activities than almost anyone else in that organization, to paraphrase information released from Prentice-Hall, the publishing house.

Mr. Prouty says that Regis Blahut "deliberately bungled the break-in" at the Assassination Committee's offices last summer. Blahut's purpose, ac-

ording to Prouty, was to force disclosure that the Committee did in fact have autopsy photographs of Kennedy's body, some of which appear to be forged.

The Committee had not brought the validity of these photographs into question during their investigation. Questions about their authenticity were not allowed in evidence.

"If Robert Groden says the autopsy photos and 'backyard photos' of Oswald are forgeries,

then they are definitely fake," says Prouty. "Groden is the foremost [photographic] expert in the country, and he is merely substantiating the testimony of many others who saw the body of the dying President."

"Robert Blakey is...covering up for the government," Col. Prouty said.

Prouty points out that Blahut worked for the same Office of Security in the CIA that James McCord worked for. Interestingly, for a time McCord was Blahut's boss. Prouty maintained that McCord "deliberately" bungled the Watergate burglary.

"They're professionals. They don't bungle anything unless they want to," Prouty said. "You have one faction entrapping another faction of renegade government employees."

(Allen Dulles first introduced McCord to Prouty.)

Chief Counsel Blakey, of the Assassination Committee, did not allow word of Blahut's

might be a fake?

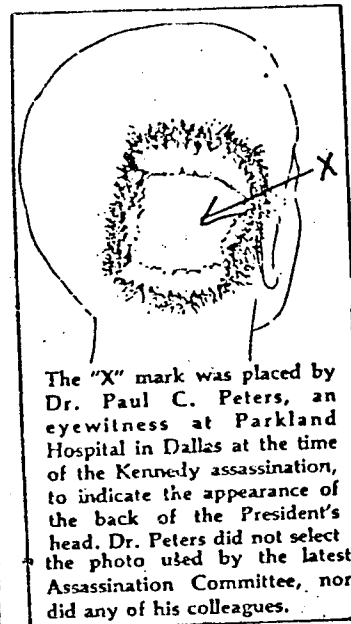
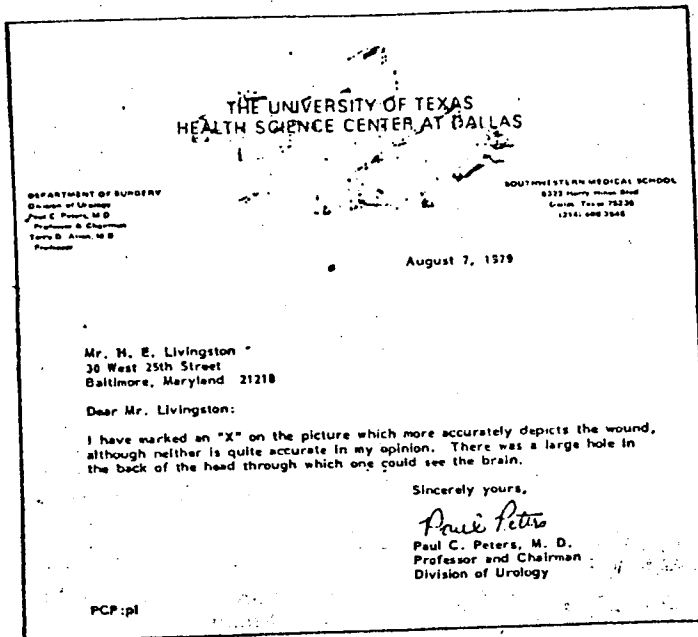
Dr. H: No, I wouldn't say it, 'cause I don't know! Far as I know, I can go in my dark-room and do lots of crazy things. So who's

to say? Kind of hard to tell. Even experts can't tell a doctored photograph.

I: Thank you.

Dr. H: Uh huh. Good luck.

The preceding interviews by Harry Livingstone are an important link in establishing that the autopsy photos have been tampered with. The following newspaper articles by Livingstone in the Baltimore Chronicle give additional information. In future issues of TCI we plan to run excerpts from a forthcoming book by Livingstone on this subject.



### House Report of Kennedy Assassination Inadequate: **Parkland Doctors' Testimony Shows Autopsy Photos Forged**

by Harrison E. Livingstone  
Dallas, July 30, 1979  
As this paper first reported in June (verified and carried by *The Baltimore Sun* on July 9), the autopsy photographs of the body of President John F. Kennedy are forgeries, altered with a visible matte insertion.

This reporter has since conducted a number of interviews with the doctors at Parkland Hospital in Dallas who treated the President in his final moments.

Without exception, the doctors—when shown the altered autopsy photo—declared it fake, and described wounds entirely different from those alleged by the Warren Commission.

The Parkland doctors repeated their previous testimony (made before journalists, the Warren Commission and the recent Assassination Committee) that the back of Kennedy's head was blown away, leaving "a large, gaping wound," said Dr. Adolph H. Giesecke, Jr. Dr. Giesecke stated that the doctors at Parkland had raised the head from the table and shined a light through the hole. "Much of the back of the brain was missing," he said.

On viewing the faked autopsy photo of the back of President Kennedy's head, Dr. Jackie Hunt said, "I can do a lot of funny things in my darkroom, too." She described a large hole in the back of the head,

with the occipital parietal bone blown away.

"Why do they cover it up?" Dr. Fouad Bashour repeated several times. Dr. Bashour, a cardiologist, worked to keep the President's heart beating. He repeatedly demonstrated with his hand that the back of the President's head was blown away.

This doctor looked at the drawing taken from the autopsy photo, shown on page 104 of Volume VII of the medical evidence, and said, "This is not the way it was." He pointed to a flap of skull on the side of the head in the picture and asked, "What's this?", adding, "No. Why do they cover it up?"

None of the doctors recognized the "entry wound" on the back of the head in the picture. Dr. Marion Jenkins repeatedly poked at the occipital protuberance and said, "This is where the wound was."

Dr. Robert Shaw said, "If the body hadn't been stolen away from

is precisely where the Parkland Hospital doctors in Texas described the entering temple wound.

The Assassination Committee has admitted to one more shot, by one more gunman, than was admitted by the Warren Commission. This brings the total number of shots fired to four. But the Committee's Chief Counsel, Blakey, has privately said that there may have been three more shots above the four, for a total of seven.

A number of experts and Congressmen feel that the shot from the Grassy Knoll actually hit the President. Dr. Michael Baden, Chief Medical Examiner of Connecticut, who saw the photos and x-rays, said, "They are not on the up and up."

A prominent radiologist in Maryland, when shown the photographs of the x-rays reproduced for the public in Volume I, first asked, "Was his face blown away? Was his head removed from the body?" He then pointed out that the spine had been removed from the skull in the pictures, and that a number of bones were missing that should not have been, and were not related to the wounds. The jaw bone, the orbit, the vertebra and the odontoid process were missing from the picture on page 241. The radiologist, who asked not to be identified, then pointed to an air space 2.5 centimeters from the occipital protuberance and said, "That is the entry wound [on the back of the head]."

The *New York Times* of Saturday, November 23, 1963 reported the following:

"Later medical reports raised the possibility that there had been two wounds." And, "Mr. Kennedy also had a massive, gaping wound in the back and one on the right side of the head." (Such wounds are bullet exit wounds.) And, "Mr. Kennedy was hit by bullet in the throat, just below the Adam's apple," they said. This wound had the appearance of a bullet's entry." (The Warren Commission said this was an exit wound.)

"If the government wanted to kill someone and cover it up, Maryland was the place to do it," a famous pathologist said.

Many doctors fear Dr. Russell Fisher, who has great political power in the medical community. Other coroners and doctors recently accused Dr. Fisher of distorting and covering up in the probable murder of former CIA executive John Arthur Paisley. Fisher called Paisley's death a suicide.

"A smart guy, clever, manipulative, charming, gracious, a powerful person nationally," said Dr. Cyril Wecht of Dr. Fisher. Dr. Wecht is a Pittsburgh pathologist and coroner who was a consultant to the Assassination Committee.

Dr. Fisher's connections with the government include, among other things, his relationship with the Armed Forces Institute of Pathology, which is the central mecca of pathology for all of the military services. The Institute uses Baltimore's facilities extensively, with Dr. Fisher's cooperation.

"If there is anyone the Federal government would turn to for favors, it would be Russell Fisher," said Dr. Wecht, who also said, "Russell Fisher is the most politically powerful person within the field of American forensic pathology."

Dr. Fisher reorganized the medical examiner's office in Maryland along military lines. He has total command of the office. When Dr. George Weems, the coroner of Calvert County, attested recently that John Paisley was in fact murdered, Fisher angrily told reporters, "Where the hell did he [Weems] get to be such an expert, anyhow? I don't think my subordinates should be spouting off about things they don't know about." Fisher said he was "mad as hell" at his "subordinate."

This type of authoritarianism among professionals has no place in medicine or in the medical examiner's office. This is especially true when it would appear that the Paisley murder may be connected either to that of John Kennedy or to matters of crucial importance to the country. Many believe Paisley was silenced to prevent him from "blowing the whistle," said a top former CIA person.

Most consultants on the pathology panel hired by the pre-

sent Assassination Committee were connected to Dr. Fisher or to Dr. Humes of the Bethesda Naval Hospital. It was Dr. Humes who performed the original autopsy of Kennedy.

Robert Groden, who did the famous enhancement of the Zapruder film of the assassination (which helped to re-open the investigation) also examined the photographs of Oswald known as the "backyard photographs" for the Committee. He showed them to this writer also. One of these photos, showing Oswald with a rifle and copies of left-wing literature, was used on the cover of *Life Magazine*. It is, along with others, an obvious forgery.

Blow-ups of the photos clearly show the brush strokes of the retouching. "It's very amateurish. The pictures are fake," Groden says. These photos were constructed by pasting Oswald's face on the body of another man holding the rifle, and then re-photographing it. The retouching had to try to cover up the disparity in size between the neck and the new head, and cover up the line across the chin where the two pictures join. The heads on the different pictures are different sizes, as well.

Groden also has a rare video tape (seen by Steve Parks of *The Sun* and this writer) that shows Dr. Robert Shaw at Parkland Hospital holding a press conference concerning John Connally's wounds, the afternoon of the assassination. "The bullet is in the leg," Shaw says. "It hasn't been removed. It will be removed." Where did this bullet go? Obviously, it could not have been the famous "pristine bullet," Commission Exhibit 399, which was supposed to have fallen out of Connally after striking both him and the President.

In addition, enhancement of photographs and films of the window where Oswald was alleged to have shot the President show two persons rather than one, and this further attacks the credibility of the government's story.

The evidence that some of the photos are forged is overpowering, when taken together

break-in to leak out for one year, which shows his complicity in covering up the existence of the forged autopsy photos.

"Have *The Sun* put an ordinary crime reporter on this case," Prouty says, "and they'll expose the conspiracies. All of them."

Prouty adds that "We need only to look at who took power in many key jobs after the assassination, and to study the

changes in policy and their actions to understand the *coup d'etat* of 1963 and why it happened."

In other developments, *The Chronicle* has also learned that former President Nixon was accompanied by actress Joan Crawford when in Dallas at the time of Kennedy's assassination.

Mr. Nixon has given four different accounts of his activities on that day, including denying

that he was in Dallas. However, he is quoted in *The New York Times* in a UPI release from Dallas datelined November 21, 1963. (The assassination occurred on November 22.) Nixon said, "I am going to work as hard as I can to get the Kennedys out of there. We can't afford four more years of that kind of administration."

The article was printed in the *Times* on November 22, 1963.

Mid-July, 1979 • The CHRONICLE

## Forged JFK Photos Confirms Coverup

by Harrison E. Livingston

The photographs of the body of President Kennedy are the most crucial evidence of conspiracy in his assassination and its aftermath. If some of them are forged, then we have a cover-up and conspiracy from the highest levels in the land.

It has been revealed that an employee of the CIA, Regis Blahut, was tracked down by the D.C. police after his fingerprints were found on the autopsy photographs of President Kennedy's body. These photos were in the safe of the Assassination Committee, which was broken into last year. It has since been found that the photographs were tampered with.

Blahut failed a lie detector test when asked if he had been ordered to break into the safe. He was then fired, but nothing else has been done.

Meanwhile, the release of the Report on the House Select Committee on Assassinations has been delayed yet again. It is due to be released as this paper goes to press. The report was to have been released last January, but the CIA has prevented this. The Committee and the CIA formally agreed to the latter's editing of the Final Report.

The implications of all of the above become more sordid because the CIA stands accused of Kennedy's murder and many others.

The photographic expert hired as a consultant to the Assassination Committee,

Robert Groden, says, "Those photographs are fake." The Assassination Committee had an artist's drawing made of one of these photographs, which is reproduced on page 234 in *Volume I of their Hearings*. This picture purports to show a bullet entry would near the midline of the back of the head and near the top of the skull. This is where Dr. Russell Fisher, Chief Medical Examiner of Maryland, alleged the wound was located in 1968 when he was on the secret Ramsay Clark Panel which examined the evidence shown the Panel. Fisher's position for the wound was four inches higher than where the Autopsy report placed it (2.5 centimeters from the occipital protuberance).

The doctors who wrote the autopsy report were not allowed to see the photographs; the photographer who took the photos died under questionable circumstances.

The trouble with the autopsy story is that the doctors who first saw the body in Texas described a massive exit wound, not an entry wound, on the back of the head. Dr. Robert McClelland, who wrote the death certificate on Kennedy, described "The cause of death from a gunshot wound of the left temple." (See p. 490 of the *New York Times* edition of the Warren Report.) Dr. Jenkins, also at the scene, described "A great laceration on the right side of the head (temporal and occipital)...even to the extent that the cerebellum protruded from the wound" (p. 492)

Altogether, seven doctors at Parkland Hospital described the back of Kennedy's head as

having been blown away, meaning that the President was struck from in front, in the left temple. This means there was a third assassination nest along with the two admitted by the present Committee (on the Grassy Knoll and in the School Book Depository); this third site was somewhere ahead of Kennedy's limousine, by the overpass. Bullet scars on the sidewalk point directly at a manhole on the southwest corner of the overpass, not on the Grassy Knoll or the sixth floor window.

The forgery of the photographs, which had to have been done by agents of the government, is easily detectable by photographic experts. "A soft-edge matte insertion is the technique used, and tests might bring this out. A matte line shows up in repeated generations [reproductions of the originals]. The forgers took the picture of someone else's skull and fixed it over the blown-out portion of Kennedy's head. The photographs show that the hair outside of the insertion is dry and auburn in color. The hair in the insert is black and drenched. The skin color is different, as well.

The photograph of Kennedy lying on his back on the autopsy table shows that his head is flattened at the back, and appears to be collapsed. The head rests on a steel support raising it above the table and part of the support appears to be inside the massive occipital wound. The head does not stand up to its full size.

Photo 29 shows a round circle at the left zygomatic process (the left temple), and this

(Copyright: Harrison Edward Livingstone)  
Dallas, Texas. More than a dozen doctors and nurses who either treated former President John F. Kennedy during his final hours or participated in the autopsy of the slain president have recently stated that the official autopsy photographs of the back of Kennedy's head do not show the same gunshot wounds which they saw and later reported to the Warren Commission in 1963. The autopsy photos, which were among many items of evidence in the assassination kept secret by the Warren Commission, were never officially shown to the Dallas medical witnesses during the various investigations into the killing. After looking at them for the first time recently, however, nearly all of the nurses and doctors involved in the shooting said that the pictures do not show the wounds as they actually were. Several other cities, presentation to the testimony of these witnesses, which was assembled recently in a series of tape recorded interviews in Dallas and several other cities, present a most significant challenge to the official explanations of the assassination date. Among other things, the startling testimony indicates that members of the Warren Commission covered up information about the 1963 murder; that there were three or more gunmen on the scene; that the president was shot from in front, as well as from behind, in a well-planned ambush which was (obviously) the result of a broad conspiracy. That's not the way I remember it," said Dr. Richard Dulany, a medical resident who was on duty in the emergency room when Kennedy was brought in after looking at a copy of an official autopsy photograph. According to Dr. Dulany, there is a "definite conflict" between the wounds as portrayed in the photo and the wounds which he observed in the emergency room. Along with at least 22 other witnesses who were in Dallas, Dr. Dulany insists that the photo does not show a large, gaping wound which had blown out the back of the president's head. Dr. Paul Peters, professor and chairman of the Urology Department at the University of Texas, Southwestern Medical School at Parkland, also questions the accuracy of the disputed photograph. "I don't think it's consistent with what I saw," said Dr. Peters. "There was a large hole in the back of the head through which one could see the brain. But that hole does not appear in the photograph. Doris Nelson, a Dallas nurse who was the supervisor of the emergency room when Kennedy was brought there, and who helped to treat the dying president, said that government autopsy photos of the skull are "not true. There was no hair," she said, while disputing the most controversial photograph, which from merely shows a small entry wound in the cowlick area, which is four inches from where the autopsy report, itself, describes it. There wasn't even any hair back there." On the back of the head, it was blown away. All that area was blown out." The positions of the head wounds are crucial in determining the direction

initially said  
initially said  
reaction

Burglary  
Break-in

Warden

Warden

NO

from which the various shots which struck Kennedy were fired. A large, gaping wound at the back of the skull, for example, would indicate that a bullet had exited there after entering the front of the head. In addition, it would directly contradict the findings of the Warren Commission, which concluded that the president had been shot only twice, from behind.

The descriptions of a gaping wound at the back of the skull also point up a major conflict between the findings of the Warren Commission and the testimony which it took from the president's widow, Secret Service member, Dallas medical witnesses and the autopsists—all of whom at that time described a large exit wound at the back of the head.

Until recently, autopsy photographs of the president's shattered skull had been withheld from both the witnesses and the public by a Warren Commission edict which prohibited the release of many items of evidence until 2039.

But that changed during the recent House Select Committee on Assassinations hearings on the case, when, after a burglary of the Committee's safe, the autopsy photos were removed. After news of the burglary broke, about a year later, the Committee was forced to publish copies of the key pictures—those showing the back, neck and head of the murdered president.

Claiming that the photographs were too "gory," however, the Committee actually published exact tracings of them. It was these tracings, which are described as being accurate down to the last detail, which the Dallas medical witnesses recently evaluated for this report. (One witness, however, Dr. Malcolm Perry of the Corneli Medical Center, was shown prints of the actual photographs by Sun reporters in 1979, and also strongly denounced them as being inaccurate.)

If the medical witnesses who have disputed the accuracy of the photographs are correct, the authenticity of the pictures becomes highly suspect and the possibility emerges that the pictures along with other evidence may have been faked. If so, a key to uncovering the identity of those behind the conspiracy may lie in determining who possessed the ability and access which would have been needed to fabricate the evidence.

The list of medical witnesses who have challenged the autopsy photos includes Dr. Robert McLeiland, professor of surgery at the University of Texas Medical School in Dallas. Seventeen years ago, he told the Warren Commission that he (and) stood at the head of the operating table in the emergency room in '63. Such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot.

in such a way that you could actually look down into the skull cavity. Recently, after viewing a sketch of the gaping head wound which had been drawn by an independent investigator, Dr. McClelland said that it accurately portrays what he "vividly remembers" seeing on the operating table after the president was rushed into emergency.

Margaret Hood (Margaret Henschliff at the time) had been an emergency room nurse for 12 years prior to the assassination. The nurse, who helped wheel the wounded president into the room and later prepared his body for the coffin, recently drew a sketch of the wound on a skull model provided by reporters.

*spontaneous weight belt Nurse wanted for*

*\* Bad evidence*

*Shirley wife  
John Do Wounded 1970  
Wawer has no left wrist*

*and reported Betty  
Wawer*

That sketch also showed a large wound at the back of the head. "You couldn't see much of the wound," said Ms. Hood. "It didn't affect his face or ears at all. . . it was more to the back. . ."  
Dr. Ronald C. Jones, a professor of surgery who was Parkland Hospital's chief resident in surgery at the time of the murder, originally described for the Warren Commission the skull. . . what appeared to be an exit wound in the posterior portion of the skull. . . He also rejected the autopsy photos, and drew an outline with his finger of a large hole at the back of an imaginary head. In addition, he described the drawing which Dr. McClelland had approved as . . . close.

Patricia Gustafson (then Patricia Nutton), another emergency room nurse at the time of the shooting, helped to wheel the president from the limousine into treatment. Ms. Gustafson, testifying before the Warren Commission, outlined a . . . massive opening on the back of the head. . . Recently, describing an effort to replace a pressure bandage on the head wound, she said: "I tried to do so, but there was really nothing to put a pressure bandage on. It was too massive. So he told me just to leave it be. . . Asked if she was sure about the location of the wound, she said yes: "It was the back of the head. . ."

Dr. Found Bashour was an associate professor of medicine in cardiology at the time of the shooting. Interviewed by this reporter at his office in 1979, Dr. Bashour insisted that the official photo which he was being shown did not accurately depict the location of the major wound. "Why do they cover it up?" he asked several times. "This is not the way it was. . . Why do they cover it up?"  
Dr. Charles Baxter, interviewed the same day, who had earlier told the Warren Commission, "There was a large, gaping wound in the back of the skull. . . also questioned the autopsy photos.

After being shown the most controversial photo, Dr. Marion Jenkins (he told the Warren Commission, "There was a great laceration on the right side of the head (temporal and occipital) . . . even to the extent that the cerebellum had protruded from the wound"); blurted: "No, not like that. Not like that, because . . . No, you want to know what it really looked like? Well, that picture doesn't look like it from the back."  
Dr. Jenkins demonstrated several times, by touching his own and a reporter's head, that the large exit wound had been located on the back of the skull: "You could tell at this point with your fingers that it was scored out<<LF, that the edges were blasted out<<LF.

← and reported the fire

No real support for the fire

Dr. Kim, hand and glasses also have not supported the official picture -  
No doctor was the fire given, either. Surgeon who suggested for the fire or not described wound that would have appeared on the fire but do not, on nothing

Burnin, Clark  
Hawes  
Gimelst wound to the left temple