

5/5/68

Dear John,

Please forgive the delay in answering your letter of April 6. It arrived when I was in New Orleans. You wrote it the day I left. Two weeks later, when I returned, I was more snowed under than ever. I had hundreds of pages of notes to transcribe and get copies into a secure place. This may have been my most successful investigation of all, the most significant, one that puts so much in an entirely new and different perspective that I cannot now mention.

Before going there I'd done another investigation for Garrison, and there is an extensive interrogation to be typed there. And others that are typed that have to be checked.

So, aside from those aspects of my work with which you have some familiarity, I have been overbusy on others. This alone accounts for the delay.

One of the new things I've been working on allows me to prove what is most likely a lie—that the Commission did have the pictures. I'll be adding this to the book but I want you to know it in confidence. Also that it was decided that Rankin should arrange for a member and a doctor to examine them, he was told to do it and he didn't. The unassailable new evidence is consistent with what I told you, that Bobby didn't say no. However, what the Commission told Rankin to arrange for is only examination of the rear, non-fatal wound.

I'll be in Minneapolis 5/14-6. From there I may fly home or I may go to New Orleans, I'm due there not later than 5/20. Would it be a good idea if I stopped off? That is, went to KC from Minn., thence to N.O. Would it serve a purpose?

To answer your questions: the authorization form you included in blank, the white one SF-523, is the correct one but it was not countersigned, and did not have the Admiral's name on it. Only Canada's, and that was typed in.

The official certificate of death was executed in Dallas, by the typographical error on it ~~days~~ days before the fact. I have it. Later you can have it. The ms is in the hands of a publisher who has read and liked. Means nothing.

When I can make the addition, I'll let you read it. What did you think, as a medical man, of the ms? And remember, I have 100% of the docs and more.

Hurriedly,



UNIVERSITY OF KANSAS MEDICAL CENTER

RAINBOW BOULEVARD AT 39TH STREET
KANSAS CITY, KANSAS 66103 • AREA CODE 913 • ADams 6-5252

SCHOOL OF MEDICINE
DEPARTMENT OF PATHOLOGY AND ONCOLOGY

April 6, 1968

Mr. Harold Weisberg
Rt 7, Frederick, Maryland 21701

Dear Mr. Weisberg:

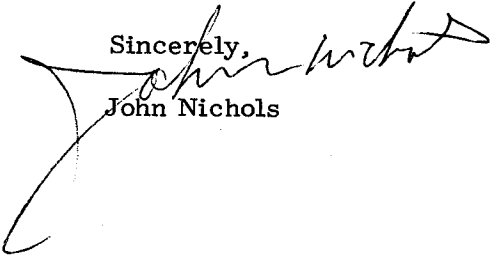
Certainly was nice to meet and talk with you in Silver Springs earlier this week. I hope the few things I showed you were worth your effort in coming in to see me.

The magnitude and extent of your efforts and data stagger me. As you know I was overwhelmed with joy to see the "Authorization for Post-Mortem Examination" because, in part, Mr. Bahmer had previously written advising me he could not find it. If I remember correctly it was on Navy form "SF523" and had been countersigned and approved by Admiral Burkley. Please advise me if this is not correct. Enclosed is a good Xerox copy of an authentic SF 523 for your comparison.

I notice in your text that you have never been able to find the "original and six pink copies of the Certificate of Death (Nav. Med. N.)" I have not been able to obtain these either and enclosed please find one such document which may help your curiosity. Another most interesting document would be the "blank Texas Certificate of Death signed by Doctor Kemp Clark in Dallas and delivered thru the window of the hearse as the stolen body was being removed from Parkland Hospital".

Have read your manuscript once but want to read parts of it again. Will get it off to you Tuesday or Wed (9-10) and hope to include photographs of bullets I showed you. Will write again later.

Sincerely,


John Nichols

CLINICAL RECORD

AUTHORIZATION FOR POST-MORTEM EXAMINATION

In the event authorization for post-mortem examination is obtained by letter, telegram, or mechanically recorded telephone call, paragraphs 1 and 2 shall be completed by hospital authorities and the letter, telegram, or memorandum confirming telephone call of authorization attached to this form for permanent file.

NAME AND LOCATION OF HOSPITAL	DATE
1.	

2. You are hereby authorized to perform a complete post-mortem examination on the remains of

(Name of deceased)

Authority is also granted for the preservation and study of any and all tissues which may be removed. This authority shall be limited only by the conditions expressly stated below:

Navy: SF-523

Signature of witness _____ Signature _____
(Person authorized to consent)

Address _____ Address _____

Authority to consent _____

The performance of the autopsy specified above is approved.

Signature _____

Title _____

Date _____

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

CERTIFICATE OF DEATH
NAVMED N (REV. 4-58) FRONT

See **NAVMED DEPT.** for instructions regarding number of copies and submission.

FROM (Ship or Station)

IF UNIDENTIFIED INDICATE BY USING "X" AND CONSECUTIVE NUMBER HERE

1. NAME		2. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3. RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)	
4. STATUS <input type="checkbox"/> REGULAR ACTIVE <input type="checkbox"/> RESERVE ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DEPENDENT <input type="checkbox"/> VAP <input type="checkbox"/> OTHER (Specify)				5. LENGTH OF SERVICE (Years and months)	
7. FILE OR SERVICE NO.		8. RANK/RATE		9. CORPS	
10. BRANCH OF SERVICE		11. PLACE OF BIRTH (City and State or Country)		6. AVIATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. DATE OF BIRTH (Month, day and year)			13. AGE (Years, months) (Days, if under 1 year)		14. RELIGION
15. COLOR OF EYES		16. COLOR OF HAIR		17. COMPLEXION	
18. HEIGHT		19. WEIGHT		21. FINGERPRINT - STATE WHICH FINGER (Right index preferred)	
20. MARKS AND SCARS (Noted in health record)					22. NEXT OF KIN OR FRIEND (Relation, name and address)

See over.

23. ADMITTED TO SICK LIST FROM (If on active duty, last duty station before current admission to sick list)		24. DATE ADMITTED TO SICK LIST (Month, day, year)	
25. PLACE OF DEATH		26. TIME OF DEATH (Month, day, year, hour)	

27. CAUSE OF DEATH	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)	(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	II. ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last)	DUE TO (b)	
		DUE TO (c)	
	III. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)		

28. DO NOT WRITE IN THIS SPACE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

NAVY MED N (Rev. 4-58) BACK

29. NAME

30. SUMMARY OF FACTS RELATING TO DEATH:



31. DISPOSITION OF REMAINS

32.

DATE SIGNED _____ SIGNATURE _____ (MC) USN
(Medical Officer) (Rank)

33.

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION _____ BE HELD.
(Will or will not)

DATE SIGNED _____ SIGNATURE _____ USN
(Commanding Officer) (Rank)