



TREASURY DEPARTMENT
UNITED STATES SECRET SERVICE

OFFICE OF THE DIRECTOR

WASHINGTON, D.C. 20226

August 6, 1969

Mr. Harold Weisberg
Coq d'Or Press
Route 8
Frederick, Maryland 21701

Dear Mr. Weisberg:

In response to your letter of July 31, 1969, we have again reviewed our file and find no copy of the post-mortem authorization mentioned in your letter.

We do have a copy of the death certificate, which is enclosed.

Very truly yours,

Thomas J. Kelley
Assistant Director
Protective Intelligence

IN THE MATTER OF THE INQUIRY UPON THE BODY OF

John Fitzgerald Kennedy

DECEASED

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE District of Columbia		b. COUNTY Bowdoin St. Boston, Mass.	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in 1. b. 2 Hours		c. CITY OR TOWN (If outside city limits, give precinct no.) Washington	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Hospital		d. STREET ADDRESS (If rural, give location) 1600 Penn Ave. N.W.			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) a) First John		b) Middle Fitzgerald		c) Last Kennedy	
4. DATE OF DEATH November 22, 1963		5. SEX Male		6. COLOR OR RACE White	
7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 29, 1917		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President of the U.S.		10b. KIND OF BUSINESS OR INDUSTRY U.S. Government		11. BIRTHPLACE (State or foreign country) 83 Beals Street Brookline, Mass.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph P. Kennedy		14. MOTHER'S MAIDEN NAME Rose Fitzgerald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes U.S.N. 10-1-48		16. SOCIAL SECURITY NO. 026-22-3747		17. INFORMANT Evelyn Lincoln	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO (b) of the head and neck DUE TO (c) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Shot by unknown assassin with					
20c. TIME OF INJURY Hour _____ Minute _____ Day _____ Year _____ high powered rifle					
20d. INJURY OCCURRED WHERE AT <input checked="" type="checkbox"/> NOT WHERE AT <input type="checkbox"/> 400 Blk Elm St.-Dallas, Tex		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Dallas		20f. CITY, TOWN, OR LOCATION Dallas	
20g. COUNTY Dallas		20h. STATE Texas		21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. November 22 1963	
22a. SIGNATURE <i>Sharon Ward</i>		22b. ADDRESS 305 N. 5th St. Garland, Texas		22c. DATE SIGNED 12-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 22, 1963		23c. NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	
23d. LOCATION (City, town, or county) Arlington, Virginia		24. FUNERAL DIRECTOR'S SIGNATURE O'Neal Inc.			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR		25c. REGISTRAR'S SIGNATURE	

FINDINGS BY THE JUSTICE

I, Sharon Ward, Justice of the Peace, Precinct No. 3
Dallas County, Texas, after viewing the dead body of
John Fitzgerald Kennedy and hearing the evidence,
 find that he came to his death as the result of Two gunshot wounds
 (1) Near the center of the body and just above the right shoulder.
 (2) One inch to the right center of the back of the head
 Witness my hand officially, this the 6th day of December A. D. 19 63
Sharon Ward
 Justice of the Peace, Precinct No. 3
Dallas County, Texas.

I, Sharon Ward, a Justice of the Peace, in and for
Dallas County, Texas, do hereby certify that said inquest was held before me, on
 the day mentioned, and the proceedings in said inquest, as described above are correct.

Sharon Ward
 Justice of the Peace, Precinct No. 3