

| Name of Deceased | Description of Deceased |
|--|---|
| JOHN FITZGERALD KENNEDY 1600 Pennsylvania Avenue N. W. Washington, D. C. | White Male, Age 46 Date of Birth: May 29, 1917 Brookline, Mass. |

| Date of Inquest | | | | Where Inquest Was Held | Date of Decense if Known | | | Where Died, or Where Body Was Found |
|-----------------|-----|------|-------------------|------------------------------------|--------------------------|-----|------|-------------------------------------|
| Month | Day | Year | Time a.m. p.m. | | Month | Day | Year | |
| Nov. | 22 | 1963 | 1 | Parkland Hospital Dallas, Texas | Nov. | 22 | 1963 | Parkland Hospital- |

| Nature of Information Given J. P. | By Whom Information Was Given |
|---|---|
| Death as a result of two gunshot wounds of the head and neck. | Dr Malcom Perry, M. D. Parkland Memorial Hospital Dallas, Texas |

| Names of Suspected Persons | Principal or Accomplice | Residence of Suspected Persons |
|----------------------------|-------------------------|--------------------------------|
| Lee Harvey Oswald | | |

| Date of Arrest of Suspected Persons | | | In What Jail Confined | Date of Bail Bond | | | Amount of Bail Bond | Where Persons Out on Bail Bond Can Be Found |
|-------------------------------------|-----|------|------------------------|-------------------|-----|------|---------------------|---|
| Month | Day | Year | | Month | Day | Year | | |
| Nov. | 22 | 1963 | City Jail, Dallas, Tex | | | | | |

| Names of Sureties on Bail Bond | Residence of Sureties |
|--------------------------------|-----------------------|
| | |

INQUEST

FINDINGS BY THE JUSTICE

I, Theran Ward Justice of the Peace, Precinct No. 2
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
Multiple gunshot wounds of the head and neck

Witness my hand officially, this the 10th day of November A. D. 19 63

Theran Ward
Justice of the Peace, Precinct No. 2
Dallas County, Texas.

| Date of Warrant | | |
|-----------------|-----|------|
| Month | Day | Year |
| | | |

Returnable to What Court and Term

I, Theran 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.

Theran Ward
Justice of the Peace, Precinct No. 2
Dallas County, Texas.

Article 1012. When an inquest has been held, the Justice before whom the same was held shall certify to the proceedings, and shall enclose in an envelope, the testimony taken, the findings of the justice, the Bail Bond, if any, and all other papers connected with the inquest, and shall seal up such envelope and deliver it, properly indorsed, to the Clerk of the District Court, without delay.

IN THE MATTER OF THE INQUIRY UPON THE BODY OF
John Fitzgerald Kennedy.

DPC 117

| STATE OF TEXAS | | CERTIFICATE OF DEATH | | STATE FILE NO. | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Dallas | | 7. USUAL RESIDENCE (Where deceased lived. If institution, residence, infirmary, etc.) a. STATE District of Columbia b. COUNTY Boston, Mass. | | | |
| b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas | | c. LENGTH OF STAY in 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"/> | |
| 1. NAME OF DECEASED (Type or print) John Fitzgerald Kennedy | | 3. DATE OF BIRTH May 29, 1917 | | 4. DATE OF DEATH November 22, 1963 | |
| 2. SEX Male | | 6. COLOR OR RACE White | | 9. AGE (In years last birthday) 46 | |
| 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 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President of the U.S. | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Government | | 11. BIRTHPLACE (State or foreign country) Brookline, Mass. | |
| 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. 148975 | | 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 | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) of the head and neck | | | | | |
| DUE TO (c) | | | | | |
| 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"/> | | 20b. SUICIDE <input type="checkbox"/> | | 20c. HOMICIDE <input checked="" type="checkbox"/> | |
| 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Shot by unknown assassin with | | | | | |
| 20e. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____ high powered rifle | | | | | |
| 20f. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 400 Bk Elm St. - Dallas, Tex | | 20h. CITY, TOWN, OR LOCATION Dallas Dallas Texas | |
| 21. I hereby certify that I attended the deceased's funeral on November 22 19 63 , and last saw the deceased alive on November 22 19 63 , Death occurred at 1:00 P m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Therese 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, Therese 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
Therese Ward
 Justice of the Peace, Precinct No. 3
Dallas County, Texas.

I, Therese 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.

Therese Ward
 Justice of the Peace, Precinct No. 3 598