

7-1-206

ROUTE SLIP

To: \_\_\_\_\_ Date \_\_\_\_\_

1. \_\_\_\_\_ Bldg. \_\_\_\_\_

2. \_\_\_\_\_ Bldg. \_\_\_\_\_

3. \_\_\_\_\_ Bldg. \_\_\_\_\_

\_\_\_\_ Approval    \_\_\_\_ Note & Return    \_\_\_\_ As Requested

\_\_\_\_ Comment    \_\_\_\_ Note & File    \_\_\_\_ Per

\_\_\_\_ Action    \_\_\_\_ Signature    \_\_\_\_ Conversation

Remarks:

Harold: This print of the autopsy permission was made from a negative I purchased from the Archives and which arrived yesterday.

Topeka lawyers still do not have preliminary brief ready.

JN

FORWARDED

SEP 24 1 57 PM '69

PATHOLOGY & ONCOLOGY  
UNIV. KANSAS MED. CENTER

From \_\_\_\_\_ Ext. \_\_\_\_\_

To \_\_\_\_\_

Bldg. \_\_\_\_\_

CLINICAL RECORD

AUTHORIZATION FOR POST-MORTEM EXAMINATION

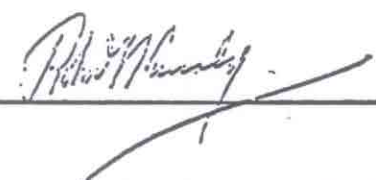
In the event authorization for post-mortem examination is obtained by letter, telegram, or mechanically recorded telephone call, paragraphs 1 and 2 shall be completed by hospital authorities and the letter, telegram, or memorandum confirming telephone call of authorization attached to this form for permanent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

NAME AND LOCATION OF HOSPITAL	DATE
1. U.S. Naval Hospital, Eschscholtz	22 November 1963

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

John F. Kennedy  
(Name of decedent)

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:

Signature of witness 

Address \_\_\_\_\_

Signature (Mrs) John F. Kennedy  
(Person authorized to consent)

Address White House  
Washington, D.C.

Authority to consent Wife

The performance of the autopsy specified above is approved.

Signature R.O. CANADA CAPT MC USN

Title Commanding Officer

Date 22 November 1963

PATIENT'S IDENTIFICATION <small>(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)</small>	REGISTER NO.	WARD NO.