

22<sup>ND</sup> FEBRUARY 1992  
PAGE, ARIZ 86040  
RUDY SANTANA

TO WHOM IT MAY CONCERN:

MY NAME IS RUDY SANTANA AND I LIVE IN PAGE, ARIZ WHERE I HAVE LIVED FOR THE PAST TWENTY ONE YEARS. I HAVE ENCLOSED A PHOTO COPY OF THE DEATH CERTIFICATE OF THEN PRESIDENT KENNEDY.

I HAVE THE ORIGINAL ONE PUT IN A SAFE DEPOSIT BOX IN KINGMAN, ARIZ IT HAS BEEN THERE SINCE I GOT THE ORIGINAL ONE.

THE DEATH CERTIFICATE CAME INTO MY POSSESSION BY MY FRIEND WAYNE KIRKLAND WHO WAS WORKING AT PARKLAND MEMORIAL HOSPITAL AND WHEN THE PRESIDENT WAS KILLED HE WAS ON DUTY AND FOLLOWED THE WHOLE DUTY UNTIL THE TIME CAME TO MAKE THE DEATH CERTIFICATE HE MADE TWO COPIES - ONE WHICH HE KEPT HIMSELF

HE CALLED ME AND WANTED ME TO MEET HIM AT LAS VEGAS, NEVADA WHICH I DID. HE HANDED ME THE CERTIFICATE AND TOLD ME TO HANG ON TO IT FOR USE

II

A LATER DAY.

HE SAID THAT SOMEDAY WE WOULD BE ABLE TO SELL IT FOR A PROFIT

MY FRIEND FRIEND WAS KILLED IN A CAR ACCIDENT TEN YEARS AGO AND SO THE CERTIFICATE IS MY SOLE POSSESSION

THIS LETTER TO YOU IS TO SEE IF NOW THAT THERE IS SO MUCH TALK GOING ON AND ARTICLES WRITTEN ON THE DEATH OF THE PRESIDENT, IF THIS PIECE OF PAPER COULD BE OF SOME USE TO SOMEONE. I'M NOT ASKING FOR MUCH, JUST ENOUGH TO MAKE THE WAIT WORTH WHILE.

I HOPE TO HEAR FROM YOU ON THIS MATTER SOON.

SINCERELY  
Rudy Santana

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		b. CITY OR TOWN (if outside city limits, give precinct no.) <b>Dallas</b>		c. LENGTH OF STAY in 24 hrs. <b>2 Hrs.</b>		1. USUAL RESIDENCE (where deceased lived, if institution: residence before admission) a. STATE <b>District of Columbia</b>		b. COUNTY <b>Washington</b>		c. CITY OR TOWN (if outside city limits, give precinct no.) <b>Washington</b>		d. STREET ADDRESS (if rural, give location) <b>600 Pennsylvania Avenue</b>	
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Parkland Memorial</b>		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"/>							
2. NAME OF DECEASED (Type or print) <b>John Fitzgerald Kennedy</b>		3. SEX <b>Male</b>		4. COLOR OR RACE <b>White</b>		5. DATE OF BIRTH <b>May 29, 1917</b>		6. DATE OF DEATH <b>November 22, 1963</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. UNDER 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 6 YEARS <input type="checkbox"/> 7 YEARS <input type="checkbox"/> 8 YEARS <input type="checkbox"/> 9 YEARS <input type="checkbox"/> 10 YEARS <input type="checkbox"/> 11 YEARS <input type="checkbox"/> 12 YEARS <input type="checkbox"/> 13 YEARS <input type="checkbox"/> 14 YEARS <input type="checkbox"/> 15 YEARS <input type="checkbox"/> 16 YEARS <input type="checkbox"/> 17 YEARS <input type="checkbox"/> 18 YEARS <input type="checkbox"/> 19 YEARS <input type="checkbox"/> 20 YEARS <input type="checkbox"/> 21 YEARS <input type="checkbox"/> 22 YEARS <input type="checkbox"/> 23 YEARS <input type="checkbox"/> 24 YEARS <input type="checkbox"/> 25 YEARS <input type="checkbox"/> 26 YEARS <input type="checkbox"/> 27 YEARS <input type="checkbox"/> 28 YEARS <input type="checkbox"/> 29 YEARS <input type="checkbox"/> 30 YEARS <input type="checkbox"/> 31 YEARS <input type="checkbox"/> 32 YEARS <input type="checkbox"/> 33 YEARS <input type="checkbox"/> 34 YEARS <input type="checkbox"/> 35 YEARS <input type="checkbox"/> 36 YEARS <input type="checkbox"/> 37 YEARS <input type="checkbox"/> 38 YEARS <input type="checkbox"/> 39 YEARS <input type="checkbox"/> 40 YEARS <input type="checkbox"/> 41 YEARS <input type="checkbox"/> 42 YEARS <input type="checkbox"/> 43 YEARS <input type="checkbox"/> 44 YEARS <input type="checkbox"/> 45 YEARS <input type="checkbox"/> 46 YEARS <input type="checkbox"/> 47 YEARS <input type="checkbox"/> 48 YEARS <input type="checkbox"/> 49 YEARS <input type="checkbox"/> 50 YEARS <input type="checkbox"/> 51 YEARS <input type="checkbox"/> 52 YEARS <input type="checkbox"/> 53 YEARS <input type="checkbox"/> 54 YEARS <input type="checkbox"/> 55 YEARS <input type="checkbox"/> 56 YEARS <input type="checkbox"/> 57 YEARS <input type="checkbox"/> 58 YEARS <input type="checkbox"/> 59 YEARS <input type="checkbox"/> 60 YEARS <input type="checkbox"/> 61 YEARS <input type="checkbox"/> 62 YEARS <input type="checkbox"/> 63 YEARS <input type="checkbox"/> 64 YEARS <input type="checkbox"/> 65 YEARS <input type="checkbox"/> 66 YEARS <input type="checkbox"/> 67 YEARS <input type="checkbox"/> 68 YEARS <input type="checkbox"/> 69 YEARS <input type="checkbox"/> 70 YEARS <input type="checkbox"/> 71 YEARS <input type="checkbox"/> 72 YEARS <input type="checkbox"/> 73 YEARS <input type="checkbox"/> 74 YEARS <input type="checkbox"/> 75 YEARS <input type="checkbox"/> 76 YEARS <input type="checkbox"/> 77 YEARS <input type="checkbox"/> 78 YEARS <input type="checkbox"/> 79 YEARS <input type="checkbox"/> 80 YEARS <input type="checkbox"/> 81 YEARS <input type="checkbox"/> 82 YEARS <input type="checkbox"/> 83 YEARS <input type="checkbox"/> 84 YEARS <input type="checkbox"/> 85 YEARS <input type="checkbox"/> 86 YEARS <input type="checkbox"/> 87 YEARS <input type="checkbox"/> 88 YEARS <input type="checkbox"/> 89 YEARS <input type="checkbox"/> 90 YEARS <input type="checkbox"/> 91 YEARS <input type="checkbox"/> 92 YEARS <input type="checkbox"/> 93 YEARS <input type="checkbox"/> 94 YEARS <input type="checkbox"/> 95 YEARS <input type="checkbox"/> 96 YEARS <input type="checkbox"/> 97 YEARS <input type="checkbox"/> 98 YEARS <input type="checkbox"/> 99 YEARS <input type="checkbox"/> 100 YEARS <input type="checkbox"/>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President of the U.S. United States Govt.</b>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTH-PLACE (State or foreign country) <b>Brookline, Mass.</b>		12. ORIGIN OF WHAT COUNTRY? <b>U. S. A.</b>							
13. FATHER'S NAME <b>Joseph P. Kennedy</b>		14. MOTHER'S MAIDEN NAME <b>Rose Fitzgerald</b>		15. SOCIAL SECURITY NO. <b>WW 11</b>		16. INFORMANT <b>Evelyn Lincoln</b>							
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW II</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: a. <b>Multiple gunshot wounds of the head &amp; neck.</b> b. <b>Minutes</b> c. <b>Minutes</b>		19. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18		20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21. MEDICAL CERTIFICATION a. ACCIDENT <input checked="" type="checkbox"/> b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Shot by a high powered rifle</b>		22. INJURY a. IN, IN OR ABOUT HOME, FIRM, FACTORY, etc. <b>in St. Dallas, Tex</b>		23. CITY, TOWN, OR LOCATION <b>Dallas</b>		24. COUNTY <b>Dallas</b>		25. STATE <b>Texas</b>					
26. SIGNATURE <i>Edward Ward</i> J.P.		27. ADDRESS <b>305 N. 5th St. - Garland, Texas</b>		28. DATE SIGNED <b>12-6-63</b>		29. SIGNATURE <i>Maurine Lamin</i> Acting Registrar							
29. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		30. DATE <b>11-22-63</b>		31. NAME OF CEMETERY OR CREMATORY <b>Arlington National Cemetery</b>		32. FUNERAL DIRECTOR'S SIGNATURE <b>O'Neal Inc.</b>							
33. LOCATION (City, town, or county) <b>Washington, D.C.</b>		34. REGISTERAR'S FILE NO. <b>6820</b>		35. DATE RECD BY LOCAL REGISTRAR <b>Dec. 11, 1963</b>		36. REGISTRAR'S SIGNATURE <i>J.W. Bass</i> BY <b>J.W. Bass</b>							

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

NON-RESIDENT

DALLAS, TEXAS, Nov. 18, 1964  
 I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF DEATH CERTIFICATE OF ONE  
John Fitzgerald Kennedy  
 AS IS RECORDED IN THIS OFFICE IN THE CITY OF DALLAS, COUNTY OF DALLAS, STATE OF TEXAS.

*J.W. Bass*  
 BY *Maurine Lamin*  
 ACTING CITY REGISTRAR OF VITAL STATISTICS  
 DALLAS, TEX.

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