# GENERAL SERVICES ADMINISTRATION

National Archives and Records Service Washington, D.C. 20408



November 18, 1969

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

Dear Mr. Weisberg:

This is in reply to your letters of October 25 and November 1, 1969.

Copies of records requested in your letters have been prepared and are to be delivered to you.

We do not have a list of records relating to David W. Ferrie, nor has such a list been previously furnished you.

We do not know of any copies of Secret Service Control Nos. 449, 454, and 470 that are more legible than the copies in CD 87.

The balance in your deposit account as of November 18 is \$2.31.

Sincerely,

JAMES B. RHOADS Archivist of the United States

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### 26 Vovember 1963

J. R. STOVER, JR.

From: Commanding Officer, U. S. Naval Medical School To:

1. You are reminded that you are under verbal orders of the Surgeon General, United States Navy, to discuss with no one events connected with your official duties on the evening of 22 November - 23 November 1963.

2. This letter constitutes official notification and reiteration of these verbal orders. You are warnad that infraction of these orders makes you liable to Court Martial proceedings under appropriate articles of the Uniform Code of Military Justice.

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## John Fitzgerald Kennedy

## SUMMARY OF FACTS RELATING TO DEATHS

President John Fitzgerald Kennedy, while riding in the motorcade in Dallas, Texas, on November 22, 1963, and at approximately 12:30 p.m., was struck in the head by an assassin's bullet and a second wound occurred in the posterior back at about the level of the third thoracic vertebra. The wound was shattering in type causing a fragmentation of the skull and evulsion of three particles of the skull at time of the impact, with resulting maceration of the right hemisphere of the brain. The President was rushed to Parkland Memorial Hospital, and was immediately under the care of a team of physicians at the hospital under the direction of a neurosurgeon, Kemp Clark. I arrived at the hospital approximately five minutes after the President and immediately went to the emergency room. It was evident that the wound was of such severity that it was bound to be fatal. Breathing was noted at the time of arrival at the hospital by several members of the Secret Service. Emergency measures were employed immediately including intravenous fluid and blood. The President was pronounced dead at 1:00 p.m. by Dr. Clark and was verified by me.

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22 Novembor 1963

## Prom: Francis X. O'NEILL, Jr., Agent FBI James W. SIBERT, Agont FBI

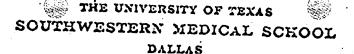
To:

Captain J. H. STOVER, Jr., Commanding Officer, U. S. Maval Medical School, National Naval Medical Center, Bethesda, Maryland

1. We hereby acknowledge receipt of a missle removed by Commander James J. HUMES, MC, USN on this date.

Francis X. O'SFILE, Jr.

James W. SIBERT



Clinical Departments of Anesthesia PARKLAND MEMORIAL MOEPITAL CHILDREN'S MEDICAL CENTER

November 22, 1963

To:

Mr. C. J. Price, Administrator Parkland Memorial Hospital

President John F. Kennedy

From:

Subject:

M.T.JENKINS, M.D. PROFESSOR AND CHAIRMAN

Dejustment of Anesthesistos

Department of Anesthesiology Statement concerning resuscitative efforts for

. M. T. Jenkins, M.D., Professor and Chairman

Upon receiving a brat alarm that this distinguished patient was being brought to the emergency room at Parkland Memorial Hospital, I dispatched Doctors A. H. Giesacke and Jacke H. Hunt with an anesthesia machine and resuscitative equipment to the major subject emergency room area, and I ran down the stairs. On my arrival in the emergency operating room at approximately 1230 I found that Doctors Carrico and/or Belaney had begun resuscitative efforts by introducing an orotracheal tube, connecting it for controlled ventilation to a Bennett intermittent positive pressure breathing apparatus. Doctors Charles Baxter, Malcolm Perry, and Robert insertion of a right chest tube, since there was also obvious tracheal and chest damage. Doctors Paul Peters and Kemp Clark arrived simultaneously and immediately with manual closed chest cardiac compression to assure circulation.

For better control of artificial ventilation, I exchanged the intermittent positive pressure breathing apparatus for an anesthesia machine and continued artificial ventilation. Doctors Gene Akin and A. H. Giesecke assisted with the respiratory problems incident to changing from the orotracheal tube to a tracheostomy tube, and Doctors Hunt and Giesacke connected a cardioscope to determine cardiac activity.

During the progress of these activities, the emergency room cart was elevated at the feet in order to provide a Trendelenburg position, a venous cutdown was performed on the right suphencus vein, and additional fluids were begun in a vein in the left forearm while blood was ordered from the blood bank. All of these activities were completed by approximately 1245, at which time external cardiac massage was still being carried cut effectively by Doctor Clark as judged by a palpable peripheral pulse. Despite these massures there was no electrocardiographic evidence of cardiac activity.

J. Price, Administrator ember 22, 1963 age 2 - Statement concerning resuscitative efforts for President John F. Kennedy

These described resuscitative activities were indicated as of first importance, and after they were carried out attention was turned to all other evidences of injury. There was a great laceration on the right side of the head (temporal and occipital), causing a great defect in the skull plate so that there was herniation and laceration of great areas of the brain, even to the extent that the corebellum had protruded from the wound. There were also fragmented sections of brain on the drapes of the emergency room cart. With the institution of adequate cardiac compression, there was a great flow of blood from the cranial cavity, indicating that there was much vascular damage as well as brain tissue damage.

It is my personal feeling that all methods of resuscitation were instituted expeditiously and efficiently. However, this cranial and intracranial damage was of such magnitude as to cause the irreversible damage. President Kennedy was pronounced dead at 1300.

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Sincerely,

MUT Julius M. T. Jenkins, M.D

COUNTY HOSPITAL DISTR .T

ARKLAND MEMORIAL HOSPITAL

WOODLAWN HOSPITAL 3819 MAPLE AVENUE

### November 23, 1963

George G. Burkley, M.D. White House Washington, D.C.

DALL

Dear Dr. Burkley,

As you requested, I enclose an abstract of the admission of the late President John F. Kennedy to Parkland Memorial Hospital, Dallas, Texas.

This summary is prepared from the statements of several physicians who were present and administered to the President. Their statements were written the afternoon of the tragedy.

We have kept three copies of this report locally. One has been sent to the Dean's Office, The University of Texas Southwestern Medical School, as all the physicians in attendance hold positions there. One copy has been attached to the medical record in Parkland Memorial Hospital. I have retained one copy for my files.

Please accept this report with my deepest sympathy. Should you see Mrs. Kennedy, would you convey the deep feelings of grief and sorrow of the entire Staff of Parkland Memorial Hospital. My own personal feelings of loss and tragedy go with this letter.

Yours sincerely. lack MD Kemp Clark, M.D.

Director Service of Neurological Surgery

KC:aa

cc to Dean's Office, Southwestern Medical School cc to Medical Records, Parkland Memorial Hospital

#### SUMMARY

The President arrived at the Emergency Room at 12:43 P.M., the 22nd of November, 1963. He was in the back seat of his limousine. Governor Connally of Texas was also in this car. The first physician to see the President was Dr. James Carrico, a Resident in General Surgery.

Dr. Carrico noted the President to have slow, agonal respiratory efforts. He could hear a heartbeat but found no pulse or blood pressure to be present. Two external wounds, one in the lower third of the anterior neck, the other in the occipital region of the skull, were noted. Through the head wound, blood and brain were extruding. Dr. Carrico inserted a cuffed endotracheal tube. While doing so, he noted a ragged wound of the trachea immediately below the larynx.

At this time, Dr. Malcolm Perry, Attending Surgeon, Dr. Charles Baxter, Attending Surgeon, and Dr. Ronald Jones, another Resident in General Surgery, arrived. Immediately thereafter, Dr. M. T. Jenkins, Director of the Department of Anesthesia, and Doctors Giesecke and Hunt, two other Staff Anesthesiologists, arrived. The endotracheal tube had been connected to a Bennett respirator to assist the President's breathing. An Anesthesia machine was substituted for this by Dr. Jenkins. Only 100% oxygen was administered.

A cutdown was performed in the right ankle, and a polyethylene catheter inserted in the vein. An infusion of lactated Ringer's solution was begun. Blood was drawn for type and crossmatch, but unmatched type "O" RH negative blood was immediately obtained and begun. Hydrocortisone 300 mgms was added to the intravenous fluids.

Dr. Robert McClelland, Attending Surgeon, arrived to help in the President's care. Doctors Perry, Baxter, and McClelland began a tracheostomy, as considerable quantities of blood were present from the President's oral pharynx. At this time, Dr. Paul Peters, Attending Urological Surgeon, and Dr. Kemp Clark, Director of Neurological Surgery, arrived. Because of the lacerated SUMMARY Page 2

trachea, anterior chest tubes were placed in both pleural spaces. These were connected to sealed underwater drainage.

Neurological examination revealed the President's pupils to be widely dilated and fixed to light. His eyes were divergent, being deviated outward; a skew deviation from the horizontal was present. No deep tendon reflexes or spontaneous movements were found.

There was a large wound in the right occipitoparietal region, from which profuse bleeding was occurring. 1500 cc. of blood were estimated on the drapes and floor of the Emergency Operating Room. There was considerable loss of scalp and bone tissue. Both cerebral and cerebellar tissue were extruding from the wound.

Further examination was not possible as cardiac arrest occurred at this point. Closed chest cardiac massage was begun by Dr. Clark. A pulse palpable in both the carotid and femoral arteries was obtained. Dr. Perry relieved on the cardiac massage while a cardiotachioscope was connected. Dr. Fouad Bashour, Attending Physician, arrived as this was being connected. There was electrical silence of the President's heart.

President Kennedy was pronounced dead at 1300 hours by Dr. Clark.

Jack Kemp Clark, M.D.

Director Service of Neurological Surgery

KC:aa ·

cc to Dean's Office, Southwestern Medical School cc to Medical Records, Parkland Memorial Hospital