



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 <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>District of Columbia</b>		b. COUNTY <b>Bowdoin St. Boston, Mass.</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		c. LENGTH OF STAY in 1. b. <b>2 Hours</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Washington</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Parkland Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1600 Penn Ave. N.W.</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"/>	
3. NAME OF DECEASED (Type or print) a) First <b>John</b>		b) Middle <b>Fitzgerald</b>		c) Last <b>Kennedy</b>	
4. DATE OF DEATH <b>November 22, 1963</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
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 <b>May 29, 1917</b>		9. AGE (In years last birthday) <b>46</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President of the U.S. U.S. Government</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Government</b>		11. BIRTHPLACE (State or foreign country) <b>83 Beals Street Brookline, Mass.</b>	
12. CITIZEN 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. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes U.S.N. 10-3-46</b>		16. SOCIAL SECURITY NO. <b>026-22-3747</b>		17. INFORMANT <b>Evelyn Lincoln</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple gunshot wounds</b> DUE TO (b) <b>of the head and neck</b> 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.) <b>Shot by unknown assassin with</b>		20c. TIME OF INJURY Hour Month Day Year <b>high powered rifle</b>			
20d. INJURY OCCURRED WHERE AT <input checked="" type="checkbox"/> NOT WHERE AT <input type="checkbox"/> <b>400 Blk Elm St.-Dallas, Tex</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Dallas</b>		20f. CITY, TOWN, OR LOCATION <b>Dallas</b>	
20g. COUNTY <b>Dallas</b>		20h. STATE <b>Texas</b>		21. I hereby certify that I attended the deceased from _____, 19____ and last saw the deceased alive on _____, 19____. Death occurred at _____, 19____ on the date stated above, and to the best of my knowledge from the causes stated. <b>November 22</b> at <b>1:00 P.</b>	
22a. SIGNATURE <i>Sharon Ward</i>		22b. ADDRESS <b>305 N. 5th St. Garland, Texas</b>		22c. DATE SIGNED <b>12-6-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 22, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Arlington National Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Arlington, Virginia</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>O'Neal Inc.</b>			
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