Clipped Summary
According to available information the deceased President John F. Kennedy, was riding in an open car in a motorcade during an official visit to Dallas, Texas on 22 Nov. 1963. The president was sitting in the right rear seat with Mrs. Kennedy seated on the same seat to his left. Sitting directly in front of the president was Gov. John B. Connally of Texas and directly in front of Mrs. Kennedy sat Mrs. Connally. The vehicle was moving at approximately a slow speed down an inclined into an underpass that leads to a freeway route to the Dallas Turnpike when the president was to give an address. Three shots were heard and the president fell forward to the floor of the vehicle.
Heading from the head. (Governor Connally was seriously wounded by the same gunman.) According to newspaper reports (Washington Post, Nov. 23, 1963) Bob Jackson, a Dallas Times Herald photographer, said he looked around as he heard the shots and saw a rifle barrel disappearing into a window on an upper floor of the nearby Texas School Book Depository building.

Shortly following the wounding of the two men the car was driven to Parkland Hospital. In the emergency room of that hospital the president was attended by Dr. Malcolm Perry. Telephone communication with Dr. Perry on Nov. 23, 1963 developed the following information relative to the examinations made by Dr. Perry and procedures performed there prior to death.

Dr. Perry noted the massive wound of the head and a second, puncture wound, of the lower anterior neck in approximately the middle. A tracheotomy was performed by extending the latter.
wound. At this point bloody air was noted bubbling from the wound and on inquiry to the attending medical staff of the trochea was opened. Incisions were made in the upper anterior chest wall laterally to control possible subcutaneous emphysema. Intravenous infusions of blood and saline were begun and oxygen was administered. Despite these measures cardiac arrest occurred and despite cardiac massage failed to re-establish cardiac action. The president was pronounced dead approximately thirty to forty minutes after receiving his wound. The remains were transported via the president's plane to Washington D.C. and subsequently to the Armed Forces National Rural Medical Center, Bethesda, Md., for post-mortem examination.

**General Description of Body**  The body is that of a muscular, well-developed and well nourished adult, Caucasian male, measuring 73 1/2 inches and weighing approximately
170 lbs. There is beginning cyanosis, minimal dependent linear edema of the elbow and early algal motility. The knee is reddish-tan and abundant, the Sinosal "blues", the left pupil measuring 8 mm in diameter, the left 4 mm. There is edema and ecchymosis of the inner canthus region of the left eye lid, measuring approximately 1 mm in greatest diameter. There is edema and ecchymosis diffusely over the right paranasal ridge with diminished mobility of the underlying bone. (The remainder of theridge will be described with the skull.) There is dotted blood on the external ears, but otherwise the ears, nose, and mouth are essentially unremarkable. The teeth are in excellent order and there is some problem of the oral mucous membrane.

Situated on the upper left posterior thigh just above the upper border of the scapula, there is a 7 x 4 cm and 1 cm wound. This wound is measured...
recent 2 cm. transverse incision into the subcutaneous tissue.

There is an old well healed 3 cm. Mc Burney abdominal incision. Over the lumbar spine in the midline is an old, well healed 15 cm. scar, situated on the upper outer lateral aspect of the ilium. Is an old, well healed 3 cm. scar.

Middle wounds

1. There is a large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. In this region there is an actual absence of scalp and bone producing a defect which measures approximately 13 cm. in greatest diameter.

From the irregular margins of the above scalp defect transudes a slight fashion into more or less intact scalp as follows:

(a) From the right inferior temporal...
painted margin anterior to the ft. ear to
a point slightly above the tragus,
1) From the anterior painted margin
continuously on the forehead to approximately
4 cm. above the fl. orbital ridge
2) From the left margin of the main
defect across the midline anteriorly
for a distance of approximately 8 cm.
3) From the same starting point as
4) 10 cm posterior - anteriorly,
situated in the posterior scalp approximately
5 cm laterally to the right and slightly
above the right occipital prominence
is a place wound consistent to the
narrow area measuring 15 x 1 cm.
In the underlying bone is a corresponding
wound throughout the anterior of
the skull which clinically is visible to
the margins of the bony defect. Area
E actually visible in the above described
area should depict and extending from it
is consistent brain tissue which on
close inspection proves to represent
the major portion of the right cerebral hemisphere. At this point it is noted that the scalp and dura is extensively lacerated with description of the superior sagittal sinus.

Upon reflecting the scalp multiple complete fracture lines are seen to radiate from both the large defect at the vertex and the smaller posterior wound at the occiput. These vary greatly in length and direction the longest measuring approximately 19 cm. There resulted the production of numerous fragments which vary in size from a few millimeters to 10 cm in greatest diameter.

The complexity of these fractures and the fragments thus produced made a satisfactory verbal description inadequate and could better appreciated in photographs and roentgenograms which are prepared.

The brain is removed and preserved for further study following formalin fixation. Received as separate specimens and three fragments of skull bone which in
aggregate roughly approximate the
dimensions of the large defect described above.
A more careful examination of the fracture
is a portion of the perimeter of a roughly
circular wound of exit which exhibits
features of the bullet and continued
to measure approximately 3.5 to 3.6 cm in
diameter. Bacteriograms of this fragment
and minute fragments of metal in the bone
at this margin, bacteriograms of the
small reveal multiple minute metallic
fragments along a line corresponding with
cutting joining the above described central
gunpowder wound and the 5th supra-orbital
ridge. From the surface of the bunched
at, central center two small irregularly
shaped fragments of metal are recovered.
These measure 7 x 4.5 x .3 x .1 mm. These
are placed in the custody of agents
Francis C. Smith, Jnr., and James L. R.
Chief of the Federal Bureau of Investigation.

The second wound of entry is that
described above in the upper right posterior thorax. Beneath the skin there is edema of subcutaneous tissues and musculature. The wound path through the fascia and musculature cannot be readily traced. The wound of exit was that described by Dr. Malcolm King of Dallas in the laryngeal cervical region. When observed by Dr. Perry short measure of the wound measured a "few millimeters in diameter" however it was extended as a tracheotomy incision and thus its character is distorted at the time of autopsy. However, there is considerable edema of the strap muscles of the neck and of the fascia about the trachea adjacent to the skin of the tracheotomy wound. The third point of reference in connecting these two wounds is in the apex (supraclavicular portion) of the right hilar cavity. In this region there is contusion of the parietal pleura and of the attached upper portion of the right upper lobe of the lung. In both
Instances the diameter of contusion and ecchymosis at the point of maximal involvement measures 5 cm. Both the second and partial plane instead underlying the areas of trauma.

Indications: The scalp wounds are extended in the coronal plane to examine the cranial contents and the customary "Y" shaped incision is used to examine the body cavities.

Thoracic Cavity: The bony cage is unremarkable. The thoracic organs are in their normal positions and relationships and there is no increase in free pleural fluid. The above described area of contusion in the apical portion of the right hemithorax is noted.

Lungs: The lungs are of essentially similar appearance the left weighing 370 gm. and the right weighing 390 gm. The lungs are well aerated with smooth and shiny pleural surfaces and gray-pink color. A 5 cm. area of pleuritis and discoloration and increased firmness to palpation is situated in the apical
portion of the st. upper left. This corresponds to the similar area described in the underlying parietal pleura. Fusion in this region makes it difficult to distinguish between the pulmonary trickling fluid and the pleural cavity. The heart is smooth walled and contains approximately 10 cc of straw-colored fluid. The heart is essentially normal in size and contains a weight of 350 g. The pulmonary artery is opened in situ and is of normal size and nature. The cardiac chambers contain moderate amounts of post-mortem clotted blood. There are no gross abnormalities of the leaves of the cardiac valves. The following are the circumferences of the cardiac valves: aortic 7.5 cm, pulmonic 7 cm, tricuspid 13 cm, mitral 11 cm. The myocardium is firm and reddish brown. The left ventricular myocardium averages 1.5 cm in thickness, the st. ventricles myocardium 0.4 cm. The coronary arteries are dilated and of normal distribution. The myocardium is smooth walled and elastic throughout.
Abdominal Cavity. The abdominal organs are in their normal positions and relationships and there is no increase in the peritoneal fluid. The small bowel appendix is surgically absent and there are a few adhesions joining the region of the cecum to the ventral abdominal wall at the aborted referred old abdominal incision scar.

Skeletal System. Aside from the above described skull wounds, there are no significant gross skeletal abnormalities.

Photographs. Black and white and color photographs are prepared of significant findings. Equidistant undergraduate X-rays are made.

Rentergrams. Rentergrams are performed of the entire body and of the separately skeletonized three fragments of skull bone. Developed autoradiographs.

Summary. Based on the above observations, it is our opinion that the deceased died as a result of two gunshot wounds inflicted by high velocity projectiles fired by a person.
The ship's forward protrusion is designed to be led from a point behind the sternshed through a hole in the bottom. The trim of the ship is thus altered until the trim of the forward part is corrected, resulting in a trim of the entire ship. The hull must be without this hole and the stern of the ship must be of the formation of the forward protrusion. On the other hand, the forward protrusion is designed in the future to be of the structure of the hull, as well as its overall form, producing optimum frame and tail. The stern of the ship is extended with the formation of the forward protrusion, resulting in the best formation of the ship.
severed through the right side of the neck and traversed the soft tissues of the supra-
severus and supra-clavicular portions of the base of the right side of the neck. This
wound produced contusions of the sternal pericardial pleura and of the apical portion
of the right upper lobe of the lung. The missile continued the strap muscles of the right
side of the neck, damaged the trachea and made its exit through the anterior surface
of the neck. As far as can be ascertained this missile struck no bone structures in
its path through the body.

A supplementary report will be
submitted following more detailed examination
of the brain and of microscopic sections. However, it is not anticipated that these
examinations will materially alter the

In addition it is an opinion that the
wound of the skull produced such extensive
damage to the brain as to preclude the
possibility of the deceased surviving this injury.