

# The Top Secret Second Autopsy of President John F. Kennedy

by

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## SUMMARY

A careful examination of the autopsy photographs of President Kennedy has revealed that the views depicting the top of the head, the rear of the head and his back, represent images that have been reversed left-right (flipped horizontally). This is particularly evident in the views showing the top of the head where a characteristic Y shaped scar on the right side of President Kennedy's nose is seen on the left side of the nose. The objective of the left-right reversal was to show an intact right rear of the head (by means of the intact left side), where many witnesses in Dallas and Bethesda had seen a large defect in the scalp and skull. The wound in the rear of the head suggested that President Kennedy had been hit by a bullet fired from in front of him. When the images are oriented correctly, large defects can be seen to have been inflicted in the skull on the left side of the head in order to give the impression that there was a large exit wound in the top of the head on the right side (after reversing the images). The large defect seen on the true right side of the head has clearly also been fabricated, since there are discrepancies between the images concerning the location, size and nature of that wound. The wound in the back depicted in the autopsy photographs have been created on the left side of the spine, whereas the original wound on the right side is probably hidden beneath a ruler.

The artificially created wounds could not have been inflicted on JFK's body prior to or during the known autopsy at Bethesda on the evening of the assassination, November 22nd, 1963. Based on available autopsy photographs and x-rays and testimonies from personnel involved with the post mortem examinations of President Kennedy, it is concluded that there was a second autopsy on the night of November 23rd.

In order to perform the second autopsy, the body of President Kennedy, which had been embalmed, reconstructed and dressed at the completion of the first autopsy, had to be taken from the casket in the East Room of the White House and brought back to Bethesda. Other than the medical personnel performing the autopsy, there were few persons present in the morgue. After having removed the sutures and other traces of the procedures performed during the first autopsy, a new set of photographs and x-rays were taken in order to show wounds in the head consistent with shots fired (by Lee Harvey Oswald) from the 6th floor of the Texas Schoolbook Depository. The photographer seems to have been White House photographer Robert Knudsen. All the extant general autopsy photographs and the majority of the x-rays originate from the second autopsy.

During the second autopsy, it was determined that the bullet that hit Kennedy in the back below the shoulder, had not exited. A complete bullet was apparently not recovered within the body. Moreover, there seems to have been a bullet path between an entry wound obscured by the tracheotomy incision in the front of the neck and a wound in the back of the neck, immediately below the skull. The fact that the latter bullet path existed was suppressed. The huge defect in the top of the skull, as depicted in the extant autopsy photographs, was created by reflecting the scalp toward the rear and removing portions of frontal and parietal bone. After the second autopsy, the body was probably brought back to the casket at the White House and subsequently buried on November 25th.

President Kennedy seems to have had an entry wound in the front of the neck, obliterated by the tracheotomy incision performed in Dallas. A fragment of that bullet seems to have exited in the back of the neck. There was another entry wound in his back, below the right shoulder with no exit. The large wound in the right rear of the head, mainly in the occipital bone, was an exit wound, which suggests that there was an entry wound in the left temple, as described by a few witnesses at Parkland Hospital.

President Kennedy seems to have been hit by three bullets, two from shots fired from in front of him and one from a shot fired from the rear. Governor Connally was hit by a separate shot fired from the rear. The front shooter seems to have been located on the Southern Knoll in the southwestern corner of Dealey Plaza. The rear shooter may have been located in either the TSBD or Dal-Tex building. The first shot from the front shooter hit President Kennedy in the front of his neck; the second shot from this shooter hit Kennedy in the head and was the fatal head shot. The first shot from the rear shooter hit President Kennedy in his back; the second shot from the rear hit Governor Connally. The shooters probably fired their first shot almost simultaneously, hitting Kennedy in the back and throat. Then the rear shooter hit Connally, and finally the front shooter hit Kennedy in the head. There were only three audible shots.

The fact that there were two autopsies in order to create false medical evidence implicating Oswald as the assassin, and the subsequent handling of that evidence, show that the assassination of President Kennedy was a coup d'état organized by Vice President Lyndon B. Johnson and his associates within the Secret Service, the military, particularly the Navy, and the FBI. Other agencies may also have been involved. President Kennedy's personal physician, Admiral George C. Burkley, seems to have played a central role in organizing the medical cover-up. Numerous people must have known the truth about the Kennedy assassination in the ensuing years. Most of them have remained silent; the remainder have been silenced. But silent evidence may also speak.

## INTRODUCTION

Prior to November 2003 I had a fairly limited knowledge of the assassination of President John F. Kennedy in Dallas on November 22, 1963. I had never read any books about the assassination, and several years had passed since the previous time I had read anything about the subject. My main source of information had been different articles published on the Internet in the mid 1990s. However, in November 2003 I remembered that 40 years had passed since President Kennedy had been killed, so I checked in on the Internet again to see if there were any new developments in the case. The most interesting thing to me was to learn that such a large number of original documents from the case had been made available on the Internet. I found it a lot more satisfying to be able to read myself what different witnesses had said on different occasions, rather than having to depend on other people's interpretations and selective reporting of those testimonies. In addition I discovered that some of the autopsy photographs and x-rays also were available.

After having read a few articles in late November 2003, my main interest soon turned towards the medical evidence and the huge discrepancy in the descriptions of JFK's wounds, especially the head wound(s), between the official autopsy report and the testimonies of a large number of witnesses, who either saw the president during the emergency treatment at Parkland Memorial Hospital in Dallas, or during the autopsy at the Naval Medical School/Hospital, Bethesda on the evening of the assassination. Several review articles have been written about this discrepancy, so I will not go into details here [see for instance: [Aguilar GL & Cunningham K](#) (2003): *How five investigations into JFK's medical/autopsy evidence got it wrong*; [Aguilar GL](#) (1994): *John F. Kennedy's fatal wounds: The witnesses and the interpretations from 1963 to the present*; [Griffith MT](#) (2001): *Problems with the JFK autopsy X-rays and photos: Have the JFK autopsy materials been faked or altered*].

To summarize these discrepancies briefly, most of the nurses and doctors attending JFK at Parkland Hospital observed a large wound in the right rear portion of JFK's head, as well as a small wound in the front of his neck. The latter wound was rapidly obliterated, however, since a tracheotomy was performed through that wound. Several witnesses at the autopsy at Bethesda also reported seeing a large, gaping wound in the right rear of the President's head.

The large wound in the back of the head indicated that president Kennedy had been hit by a bullet from a shooter in front of him, and that the bullet had exited through the rear of his head. This contradicted the official story that Lee Harvey Oswald, acting on his own, had killed the President with shots fired from the 6th floor of the Texas School Book Depository Building (TSBS), a place above and to the right rear of Kennedy at the time of the shooting. The official [autopsy report](#) has been used as a major piece of evidence for this lone gunman scenario. This report described only a small bullet wound in the back of the head, which was supposed to be a wound of entrance:

Situated in the posterior scalp approximately 2.5 cm laterally to the right and slightly above the external occipital protuberance is a lacerated wound measuring 15 x 6 mm. In the underlying bone is a corresponding wound through the skull which exhibits beveling of the margins of the bone when viewed from the inner aspect of the skull.

Furthermore, the autopsy report described a very large exit wound in the top of the head toward the front on the right side:

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.

The photographs and x-rays allegedly taken during the autopsy at Bethesda on November 22, also seemed to largely corroborate the descriptions in the autopsy report. The three physicians performing the autopsy, Commander James J. Humes, Commander J. Thornton Boswell and Lt. Colonel Pierre A. Finck, reviewed the photos and X-rays on January 20, 1967 at the National Archives, and a week later they signed a [document](#) that said:

The photographs and x-rays corroborate our visual observations during the autopsy and conclusively support our medical opinion as set forth in the summary of our autopsy report.

Three months earlier, on November 1, 1966, Humes and Boswell, together with Captain John H. Ebersole and John T. Stringer, the acting radiologist and medical photographer, respectively, during the autopsy, had inspected and made an inventory of all the photographic and x-ray materials from the Bethesda autopsy. On November 10, 1966, they signed a [report](#) that stated:

The X-rays and photographs described and listed above include all the X-rays and photographs taken by us during the autopsy, and we have no reason to believe that any other photographs or X-rays were made during the autopsy.

Moreover, the photographs and x-rays were later 'authenticated' by medical experts of the Clark Panel and the House Select Committee on Assassinations (HSCA) in 1968 and 1976-78, respectively. The [Clark Panel](#) concluded:

The photographs and X-rays discussed herein support the above-quoted portions of the original Autopsy Report and the above-quoted medical conclusions of the Warren Commission Report.

The HSCA recognized the importance of the authenticity of the autopsy findings as stated in their Final Assassinations Report ([p. 181](#)):

As the investigation proceeded, the committee carefully sought evidence that Government agents had foreknowledge of an assassination, took advantage of it after the event, or afterwards covered up information relevant to ascertaining the truth. The committee made a conscientious effort, for example, to determine if the autopsy materials were authentic. Had they been tampered with, it would have raised the most serious of questions.

Thus, both the Photographic Evidence Panel and the Forensic Medical Panel of the HSCA examined the autopsy photographs and X-rays. The Commission's Photographic Evidence Panel stated in their [report](#) (HSCA Appendix to Hearings, Vol. VI):

(512) Authentication of the autopsy photographs allegedly taken of President Kennedy was considered essential because of the discrepant descriptions that have been given of the wounds incurred by the President. The description of the size and location of the President's head wounds, for example, by eyewitnesses at Parkland Hospital differed dramatically from the testimony of the autopsy doctors and the account set forth in the Warren Report. (195) Afore recently, the panel of medical experts convened by then-Acting Attorney General Ramsey Clark described Kennedy's head entrance wound as approximately 10 centimeters higher than the location reported by the Warren Commission. (196) As a result of these discrepancies, it was essential to verify that the autopsy photographs and X-rays did, in fact, depict Kennedy, and that these materials had not been altered in any way.

The conclusion of the HSCA's Photographic Evidence Panel was:

(527) 1. The postmortem photographs and X-rays in the custody of the National Archives purporting to depict Kennedy do, in fact, depict him.

(528) 2. There is no evidence that either the Kennedy autopsy photographs or X-rays have been altered.

Similarly, the HSCA's Medical Panel concluded in their [report](#) on the medical evidence (HSCA Appendix to Hearings, Vol. VII) that:

(179) From the reports of the experts' analyses of the autopsy photographs and X-rays, the evidence indicates that the autopsy photographs and X-rays were taken of President Kennedy at the time of his autopsy and that they had not been altered in any manner.

In spite of these reassurances from these experts, many independent researchers have questioned the authenticity of the autopsy photos and x-rays.

After having learnt about some of the aforementioned basic facts about the medical evidence, I started to take a closer look at the digital images from Kennedy's autopsy that were available on the Internet by means of standard photo editing programs, which allowed me to enlarge, rotate and treat the images whichever way I wanted. By simply studying the photographs in this manner, I fairly soon (early December 2003) made some astonishing discoveries, which led to an even more astonishing inference or theory about what had happened to the body of President Kennedy subsequent to the semiofficial autopsy at the Naval Medical School, Bethesda, on the evening of November 22, 1963. I then proceeded to read *several times* through most of the medical testimonies given to the Warren Commission (WC), the HSCA, and/or the Assassination Records Review Board (ARRB) by persons involved in either the medical treatment of Kennedy at Parkland Hospital in Dallas or in the autopsy at Bethesda. The objective was to check if any of these statements would corroborate or contradict my somewhat incredible conclusions. The following is the story of how things unfolded in a more or less chronological manner. Then the medical testimonies are reviewed and discussed in the context of my interpretation of the events.

## IT'S ALL DONE WITH SMOKE AND MIRRORS: HOW THE AUTOPSY PHOTOGRAPHS WERE FORGED

My examination of the autopsy photographs started by looking closely at three photographs showing the right side of the head. These included a [color photo](#) of the “right side of head and right shoulder” (corresponding to color photographs Nos. 26-28 in the [National Archives](#); NA:26-28), and two black and white photos showing the “anterior aspect of head and upper torso including tracheotomy wound” (Nos. [1](#) and [2](#) from the Fox set [autopsy photographs provided by Secret Service agent James K. Fox], F:1 and [F:2](#), corresponding to autopsy photographs Nos. 13-14; NA:13-14). In these three photographs, a large piece of the skull is visible behind and somewhat above the right ear (Figure 1). Many have interpreted this object as coming from the top of the head, where a huge ‘defect’ is seen in this color photo. Hence this object has been interpreted as lying on the surface of the underlying skin or scalp. In his [ARRB](#) deposition, Dr. Boswell described this object as a piece of bone from the top of the skull:

GUNN: Okay. Could Dr. Boswell now be shown the second view, which from the 1966 inventory is described as the "right side of head and right shoulder," corresponding to black and white Nos. 5 and 6, and color Nos. 26, 27, and 28?

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BOSWELL: Right. And this is a bone fragment that's adhered to the underside of the scalp but belongs up here.

GUNN: When you say the bone fragment, you're referring to the triangular-shaped object right immediately above the ear?

BOSWELL: Yes.

Q: Above the right ear. And did I understand you correctly that that is a fragment that has come from another portion of the head?

BOSWELL: Right.

Q: And so how would it be that that skull fragment is in that location?

BOSWELL: Well, I think it's probably attached to the scalp that's reflected.

Q: So almost as if the scalp is hinged and a piece of the skull is attached to the scalp?

BOSWELL: Yes. I think the color photograph shows it better. I don't think the black and white shows anything that the color photograph doesn't show.

However, when Humes were shown the same photographs during his [ARRB](#) deposition, he described the same object as a “flap of skin”:

GUNN: Immediately above the right ear is a somewhat triangular but not exactly triangular-shaped object. Can you explain what that object is?

HUMES: That's a flap of skin that's turned back.

Q: And is it turned back from the front towards the back of the head—

HUMES: Towards the bottom of the hair. It would approximate here if you put the two of them together, if it comes down like that, I would think.

Q: So a flap that is coming down towards the ear; is that correct?

HUMES: Yes. With the hair behind it, you see.

However, in my opinion the available color photograph clearly shows that this is a piece of skull, and that there is a defect in the scalp and the skull immediately behind the ear, extending towards the upper margin of that bone fragment. Thus, the bone fragment is actually bridging or covering a large defect in the scalp and skull underneath it. The anterior, or short side of the fragment seems to fit the defect in the scalp immediately behind the ear (Figure 1). If the fragment is flipped over (turned inside-out) and rotated about 90 degrees counterclockwise, it will probably fit into a large hole in the skull behind the right ear, extending towards the rear portion of the head. It is also evident that the visible inner surface of this bone fragment is fairly concave (and presumably convex on the reverse or exterior surface), which is consistent with this fragment originating from this portion of the skull (the occipital and posterior parietal/temporal region). Hence, I think this [color photograph](#) actually depicts the anterior margin of the large wound in the right rear portion of JFK's head, which so many witnesses have described. And the large size of the fragment clearly indicates the magnitude of this wound.



**Figure 1** A large skull fragment (arrow) is seen behind the right ear of President Kennedy in the autopsy photographs showing his right profile [top]. The interior surface of the fragment is visible. Underneath the fragment there seems to be a defect in the scalp and skull, indicating that this is the fragment from the right rear of JFK's head recovered from the limousine. If so, this is the same fragment ('flap') as seen in the Zapruder frames after the fatal head shot [bottom].

In the black and white photographs showing the anterior and right aspect of the head (Figure 1; F:1/F:2), only a small portion of this bone fragment is visible, and it appears as if the non-visible portion of the fragment is lying within the defect itself (projecting into the skull).

If the bone fragment seen in these photographs actually belongs to this part of the skull, then this fragment has to be the well-known skull 'flap' seen on the right side of JFK's head in the Zapruder film from frame 314/315 onwards. The 'flap' seen in the Zapruder film is definitely not a (hinged) flap coming down from the anterior top portion of the skull, but is a portion from the rear of the skull, which 'pops' out and is thrown alongside the right side of the head (Figure 1). Mortician [Robinson](#) told the ARRB there had been 2 or 3 small perforations or holes in JFK's right cheek when the body was embalmed. These holes might have been caused by the large bone fragment when it hit the cheek. From the Zapruder film it appears that the bone fragment is initially attached to something on the head, possibly a portion of the dura mater, the connective tissue enveloping the brain, which may also have been extruded along with the brain matter.

The fragment then apparently became detached from JFK's head during the subsequent ride to Parkland Hospital, because Secret Service agent [Clint Hill](#), who climbed into the Presidential limousine after the fatal head shot had hit Kennedy, said in his Warren Commission testimony that the right rear portion of the skull had been blown out and was lying in the back seat of the limousine upon arrival at Parkland Hospital:

SPECTER: What did you observe as to President Kennedy's condition on arrival at the hospital?  
 HILL: The right rear portion of his head was missing. It was lying in the rear seat of the car. His brain was exposed. There was blood and bits of brain all over the entire rear portion of the car. Mrs. Kennedy was completely covered with blood. There was so much blood you could not tell if



there had been any other wound or not, except for the one large gaping wound in the right rear portion of the head.

The same fragment was later recovered from the Presidential limousine by Secret Service agent Samuel Kinney when the car was brought back from Dallas to Washington on a C-130 plane later that day, and subsequently brought to the autopsy room at Bethesda late that night. Kinney has told author [Vince Palamara](#) about the recovery and handling of this fragment, and he has also told him that the fragment was a piece of skull with no scalp attached and resembled a 'flower pot' or 'clay pot' (indicating a convex outer surface). Samuel Kinney was the driver of the Secret Service follow-up car in Dallas, which was immediately behind the limousine, and Kinney told Palamara that the rear of President Kennedy was blown out by the fatal head shot.

The same piece of bone is also described in the FBI [report](#) from the autopsy prepared by the two FBI agents Sibert and O'Neill:

Also during the latter stages of the autopsy, a piece of the skull measuring 10 x 6.5 centimeters was brought to Dr. HUMES who was instructed that this had been removed from the President's skull. Immediately this section of skull was X-Rayed, at which time it was determined by Dr. HUMES that one corner of this section revealed minute metal particles and inspection of this same area disclosed a chipping of the top portion of this piece, both of which indicated that this had been the point of exit of the bullet entering the skull region.

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On the basis of the latter two developments, Dr. HUMES stated that the pattern was clear that [...] and that a second high velocity bullet had entered the rear of the skull and had fragmentized prior to exit through the top of the skull.

The fact that the fragment had been found in the limousine, was stated in a later [report](#) by Sibert and O'Neill, reporting their interviews with Secret Service agents Behn, Kellerman and Greer at the White House on November 27th, 1963:

Mr. BEHN was questioned concerning the section of the President's skull, which was brought to the National Navy Medical Center at Bethesda, Maryland after the autopsy was in progress. He advised that this section, which was measured by the Doctor performing the autopsy as being 10 x 6.5 centimeters, was found in the Presidential car on the floor between the front and rear seats.

From their two reports it is not clear whether the piece belonged to the rear of the skull or the top of the skull, since Humes obviously made Sibert and O'Neill believe a bullet had exited through the *top* of the skull. However, in his ARRB deposition [O'Neill](#) said the piece originated from the rear of the skull (in the first exchange O'Neill refers to the bone fragment as a portion of scalp; the 'flap' was a flap of scalp):

GUNN: Were you able to tell whether there was any scalp that was missing from President Kennedy?

O'NEILL: There appeared to be— There was a flap here.

Q: You're pointing again to the back of the head?

O'NEILL: Yes. There was a flap there. And I don't know whether the flap was up or down. Now, when you say scalp missing I do know that there was a portion missing, because a portion was taken into the autopsy room as the autopsy progressed which was found on the car floor, I believe, in Dallas by one of the Secret Service agents. And the doctors in Bethesda took a look at that, and, I think, measured it, and stated specifically that it came from this section of the head here.

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Q: - if you recall, during the autopsy, there was a fragment that came from Dallas.

O'NEILL: Yes.

Q: Did the doctors attempt to locate where on the cranium that fragment came from?

O'NEILL: Yes.

Q: And were they able to determine where the fragment came from?

O'NEILL: To the best of my recollection, they were.

Q: And where was that?

O'NEILL: Back in this section of the head.



Q: You're pointing, once again, to the -

O'NEILL: Yes.

Q: -to the part behind the ear?

O'NEILL: There was a section of the cranium missing from there.

Q: Did they identify, to the best of the recollection, the type of bone; that is, parietal bone, occipital bone?

O'NEILL: They may have, but I don't specifically recall exactly what medical term they would use for - [interrupted by Gunn]

Dr. Ebersole, who allegedly x-rayed the fragment, told the Medical Panel of the [HSCA](#) that the fragment was a piece of occipital bone. Officially there were supposed to be three fragments, but he doesn't remember that until the end of the sentence when he switches to plural ("a large fragment"/"X rayed these"):

The only function that I had was later in the evening, early in the morning, perhaps about twelve thirty a large fragment of the occipital bone was received from Dallas and at Dr. Finck's request I X rayed these. These were the last X rays I took.

From the testimonies of Kinney, O'Neill and Ebersole, as well as the specific references to the fragment in the two FBI reports, there is little doubt that the large piece from the rear of JFK's skull that Hill saw in the rear seat of the limousine, really did arrive at Bethesda during the autopsy. Hence, it might well be the piece visible in the aforementioned photographs, but why the autopsy pathologists would dare to do that, is difficult to comprehend. As will be discussed later, this fragment is not identical to the largest one of the three fragments that turned up in the official autopsy x-rays [Nos. 4-6](#), and which was identified to HSCA by Dr. Angel as being frontal bone. Thus, a switch seem to have been made in order to relocate the large wound from the rear of the head to the top of the head.

Having established (at least in my own mind) that there actually was a large defect in the back of JFK's head extending backward from just behind the right ear, I turned to examining two photographs showing the right rear of the head ([color photograph](#) corresponding to NA:42/NA:43; and black and white photo; [F:3/NA:15](#)), and a black and white photo of the upper back/shoulders and the rear of head ([F:5/NA:11](#)). As is well know, there is no large defect in the right rear portion of the head (in the occipital region) in these photographs, and retouching does not seem to have been extensively used in that area (as opposed to the center portion). So how could the defect that was partly visible in the photographs showing the right side of the head, simply disappear?

I soon noticed that none of the photographs purportedly showing the right rear of the head, also showed the left rear of the head. The left half of the head was either not shown at all (in the photographs of the rear of the head; F:3), or it was obscured by a hand or hidden in dark shadows (picture of back/shoulder; F:5). So I began wondering if those responsible for these photographs simply had used mirror images (reversed images) of the intact left rear of the head to depict an intact 'right' rear of the head. Consequently, I started looking for anatomical landmarks that could be used to determine the left-right orientation of the body in those photographs.

I soon found out that the photographs had been taken in such a manner that it was very difficult to orient them left to right. No landmarks could be found in the photographs showing only the posterior side of the body. However, I found that the two available black and white photographs showing the top of the head ("superior view of head"; [F:6/NA:7](#) and [F:7/NA:8](#)), also showed the shoulders and parts of the face with the nose. And on the **left** side of the nose in those photographs, particularly in F:6, I noticed an indentation in the skin resembling a scar. I then checked with numerous photographs available on the Internet of JFK when alive, and in a few of those photographs a characteristic Y shaped scar could be seen on the **right** side of his nose (Figure 2). In the available autopsy photographs unequivocally showing the right side of the head, however, this scar is only faintly visible in the black and white photographs of the head and upper torso (F:1/F:2), but it is not visible at all in the available [color](#) photograph (NA:26/27/28), since that part of the face is too light (as if the photograph had been overexposed).



**Figure 2** President Kennedy had a small Y-shaped scar on the *right* side of his nose (arrow). In the autopsy photographs showing the top of his head [bottom], this scar can be seen on the *left* side of the nose (arrow), which shows that these photographs have been reversed left-right (flipped over).

I was amazed that nobody previously seemed to have noticed that this scar was on the wrong side of the nose in some of the autopsy photographs. The HSCA's Photographic Evidence Panel even compared JFK's nose and other morphological features of his face as shown in the autopsy photographs, with the same features as shown in photographs taken when JFK was alive. However, this scar is not visible in most official photographs of JFK. It seems as if he did not like this small imperfection in an otherwise perfect image. Thus, most official pictures are taken from his left side, so that the scar is not visible, and in some of the photographs taken from his right side, the scar actually seems to have been 'erased' by retouching.

So why didn't they remove this scar from the autopsy photographs? Surely, those who produced the autopsy photographs knew president Kennedy's face very well. Ironically, this slight imperfection in the forgery of the autopsy photographs may prove to be vital in showing beyond doubt that the photographs were forgeries and the assassination a conspiracy.

After having found the scar on the wrong side of the nose in the two photographs of the top of the head, I knew for certain that at least those two photographs were mirror images of the real body. But I also noticed that there was a characteristic blood stain mark on the 'right' shoulder in those photographs. This mark could also be seen on the 'right' shoulder in the photograph of the upper posterior thorax (F:5), which showed that the latter photograph also was a mirror image of the true body. Finally, I noticed that the posterior edge of a characteristic bone flap visible in front of the 'right' ear in the two photographs of the rear of the head (F:3 and the corresponding [color photograph](#)) was also visible (but sometimes cropped out) in the photographs of the upper posterior thorax (F:5). Thus, I had proven beyond doubt (i.e. to myself) that all the photographs showing JFK's

head from behind or from the top actually were mirror images, in which the right side had become the left side, and vice versa (Figure 3). Hence, all of these autopsy photographs were forgeries, which obviously had been reversed left to right in order to conceal the large wound in the right rear of President Kennedy's head.

Moreover, when the images of JFK's head had been flipped back to show the correct orientation of the body (reversed left - right), it was very evident that major alterations had been done on the left side of the head in order to create or strengthen the illusion of the left side being the right side. In the reversed photographs showing the 'superior view of the head' (F:6, F:7), a large gaping hole in the skull can be seen on the left side of the head (Figure 3; left), and in the photos showing the rear of the head (F:3, NA:26/-27), a large bone flap is seen to have been cut out from the skull in front of the left ear (Figure 3; right). Neither of these damages are visible in the photographs showing the (true) left side of the head (F:4; NA:29/30/31), so evidently those alterations had been created after those photographs had been taken in order to depict a large wound in the front of the head on the right side, similar to the one that can be seen in the right lateral view of the head (NA:26/27/28). Yet, the bone flap projecting from the 'right' side of the temporal area in the reversed images, is nowhere to be seen in the photographs showing the (true) right side of the head (F:1, F:2). Interestingly, the autopsy pathologists were not questioned about this obvious inconsistency between the different autopsy photographs during their depositions before the ARRB.

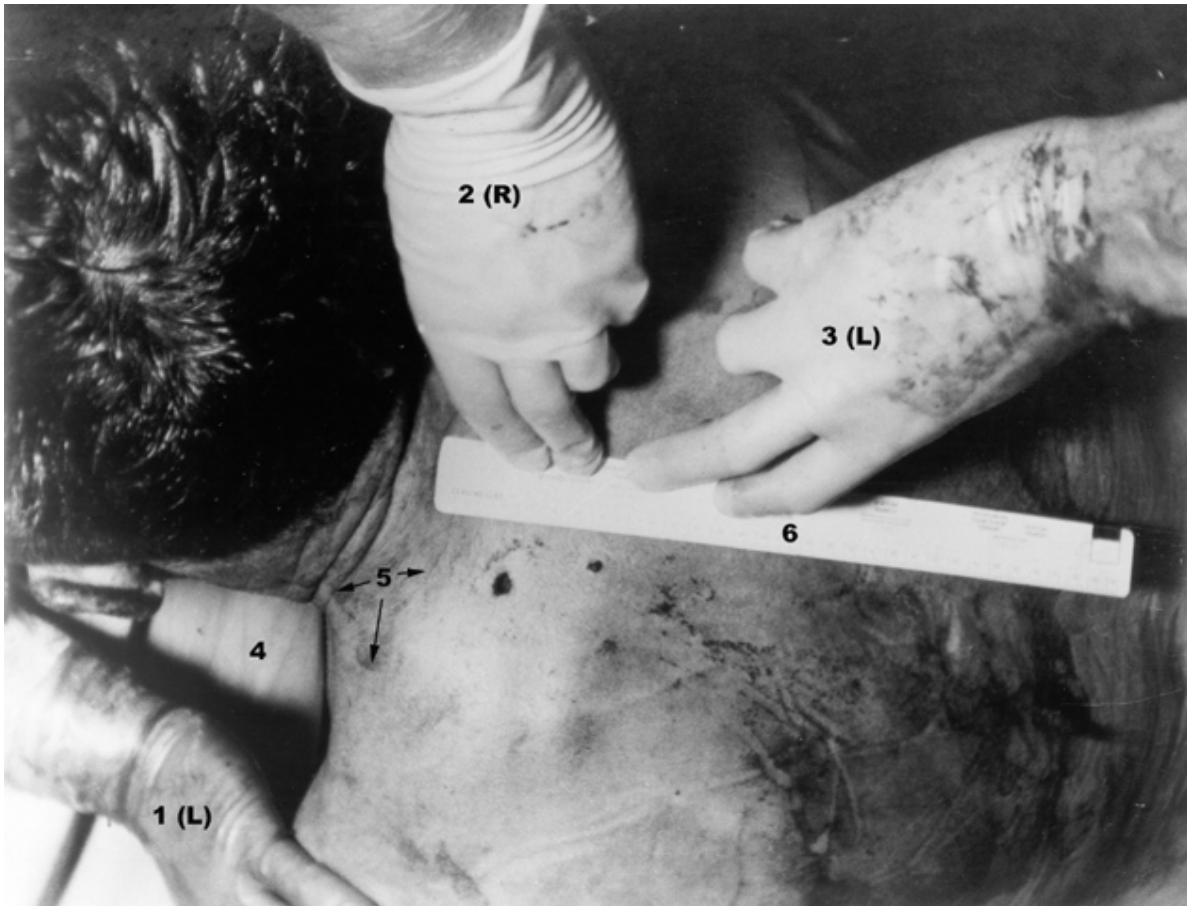


**Figure 3** Three autopsy photographs of President Kennedy showing the top and rear of the head. In the picture of the top of the head [left], the scar on the nose (1) is seen on the wrong ('left') side of the nose, which shows that this image is reversed left-right. On the 'right' shoulder of the same picture there is blood stain mark (2), which is also seen in the picture of the upper back [center]. In that picture the posterior border of a bone flap (3) is seen in front of the 'right' ear. This bone flap is also seen in the picture showing the rear of the head [right]. Consequently, all of these autopsy photographs have been reversed left-right.

Since my examination of the photographs had shown that there actually was a large wound in the right rear portion of the head, which had been hidden under the bone fragment in the photos showing the right side of the head, and in the more or less invisible 'left' side of the head in the "rear view" photos, it was obvious to me that the large wound in the anterior portion of the head, described as the exit wound in the autopsy protocol, was not a result of the fatal head shot in Dallas, but was a wound that had been manufactured at a later stage (no witnesses have described *two* large defects). This fabricated wound in the top of the head will be discussed more thoroughly later.

After reversing the image of the upper posterior thorax (F:5), the alleged entrance wound in the upper back turned up on the left side of the spine, showing that even that wound had been created artificially and was not the original bullet wound in the right side of the back (Figure 4). The original wound in the back is probably hidden underneath the ruler shown in the photograph of JFK's back. The real purpose of all the hands is obviously not to hold the small ruler in place, or to hold the body up in a sitting position. The body is actually lying flat on the stomach on the autopsy table, but they want to give the viewer the false impression that the body is held up in a sitting position. The main purpose of all the hands is obviously to conceal the small wound in the upper back and

the large wound in the rear of the head on the true right side of the body. Surely, the word 'CENTIMETERS' on the ruler is aligned correctly in the mirror image of the back, but a closer look at this word, shows that the letters are unevenly spaced and are not perfectly aligned along an imaginary horizontal line. Thus, this word seems to have been drawn (penciled) into the photograph in order to give the impression that the orientation of the image was correct.



**Figure 4** Autopsy photograph of the upper back of President Kennedy after left-right reversal back to correct orientation. The photo show the left side of the body, including the intact left rear of the head. (1-3): There are two left (L) hands and one right (R) hand, apparently belonging to three different persons. Hand No. 2 partly conceals the right rear of the head, where there was a large wound. No details are visible in rear of the head due to dark shadows/retouching. (4): A towel is seen immediately below JFK's face and shoulders, which shows the body is lying on the stomach. (5): The collar-like imprint on the neck may have resulted from the preparation of the body for the funeral after the first autopsy. (6): The fabricated bullet wound is seen to the left of the ruler and spine, whereas the true back wound on the right side of the spine probably is hidden underneath the middle portion (6) of the ruler.

At this point of my examination of the autopsy photographs, I realized that the extensive alterations of the body of JFK could not in any way have been done *before or during* the autopsy at Bethesda on the evening of November 22nd. But could these changes have been made *after* the body had been prepared for the funeral and had left the morgue at Bethesda at about 4 a.m. on November 23rd? At first that seemed to be a preposterous and completely absurd idea, but I proceeded to examine available evidence if that could have been possible. And sometimes the truth surpasses one's imagination.



## EVIDENCE OF A SECOND AUTOPSY

Once the autopsy at Bethesda was completed about 11 p.m. on November 22, a team of four morticians from Gawler's funeral home prepared the body of President Kennedy for the funeral. The preparations were such that an open casket funeral could have been held. The preparations have been described in a [report](#) from Gawler's funeral home (Funeral arrangements for John Fitzgerald Kennedy), as well as in interviews by HSCA and ARRB staff of some of the morticians present ([Robinson/HSCA](#); [Robinson/ARRB](#); [VanHoesen/ARRB](#); [Hagan/ARRB](#)). These documents show that the body was arterially embalmed with formaldehyde, the organs of the thorax and abdomen were also immersed in formaldehyde and put back into the body. The empty skull was filled with Plaster-of-Paris and a hardening agent to provide support for the skull bones. The larger wounds were closed by suturing. These wounds apparently included a transverse incision across the top of the head, which had been made in order to remove the skull cap (temporarily) before removal of the brain, a Y incision on the anterior thorax and abdomen, a tracheotomy/bullet wound in the front of the neck, and a large wound in the right rear of the head.

According to the morticians the defect in the back of the head was centrally located and a few inches in diameter. In this area a piece of the skull was missing, so they had to put a patch of rubber inside the cranium to seal this hole. The scalp was stitched together on top of this piece of rubber. None of the morticians mentioned a large wound behind the right ear, corresponding to the skull fragment described earlier, so it seems that the large piece of skull brought to the morgue during the autopsy was put back into the skull by the pathologists before the reconstruction started. Thus, the morticians might have considered this loose piece as just another broken part of the skull, or as a loose skull portion associated with the removal of the brain. Robinson, however, remembered a blow-out type wound in the right temple, above the right ear, which consisted of a flap of skin. This might have been the anterior margin of the large defect in the right rear of the head.

According to FBI agent [O'Neill](#) the morticians also removed the eyes: "I believe they took out the eyes, if I'm not mistaken. What happened to them, I wouldn't know". If this is correct, they probably replaced them with artificial eyes. The hair and body was cleaned, cosmetics were applied, and the body was fully dressed in a suit before it was laid in the casket. After finishing the reconstruction, no wounds could be seen on the head. The President's personal physician, admiral Burkley, stated in his [report](#) about the assassination:

The body of the President was fully clothed in a blue suit, white shirt, tie, socks and shoes. His hair was combed in the usual fashion. His appearance in the casket gave no evidence of the injury he had received.

About 4 a.m. on November 23rd, the casket left Bethesda and was brought in a Navy ambulance to the White House, where, upon arrival at 4.24 a.m. it was carried to the East Room by a military casket team. Soon after the arrival there, the casket was opened and the body of President Kennedy was viewed by Jacqueline Kennedy, Robert Kennedy and a few others. The casket was then closed, and a military death watch (guard) was posted by the casket.

From 10 a.m. to 6 p.m. on Saturday, November 23rd the body was lying in repose (with the casket closed) in the East Room, so that the family and invited dignitaries could come and pay their respect. At 1 p.m. on Sunday, November 24th the casket left the White House and was brought to the Capitol rotunda. Here the body (in a closed casket) lay in state for public viewing throughout the day. At 10:30 a.m. on Monday, November 25th, the casket was taken from the Rotunda and brought to St. Matthew's Cathedral. After mass, the casket was brought to Arlington National Cemetery, and at 3:32 p.m. on Monday the casket was lowered into the ground, whereupon the vault was securely closed.

From this schedule of events, the only possible time that the body of JFK could have been taken from the casket would have been between the (late) evening of November 23rd and the early morning of November 24th, i.e. when the casket was still in the East Room of the White House. The most likely time for a second autopsy would also have been between late Saturday evening and early Sunday morning, since the autopsy protocol reportedly were submitted to Admiral Burkley on the afternoon of Sunday, November 24. Moreover, if the intention was to put the remains of JFK back into the casket before the casket left the White House, the second autopsy would have had to be completed before the early morning of November 24.

But was there really a second autopsy? Yes, I'm sure there was. Once the unthinkable thought had been thought, a lot of evidence of a second autopsy could be found in the autopsy photographs and x-rays and in the testimonies of those who were present at the autopsies.

## Evidence of a second autopsy from the autopsy photographs

As mentioned previously, the manufacturing of wounds in the left portion of the head and upper back could not have taken place during the first autopsy on the evening of the assassination. Many Bethesda witnesses never observed such a large wound in the anterior portion of the head, but rather saw a large defect in the right rear of the head. Thus, the presence of these wounds by themselves strongly indicates a second autopsy. Moreover, several autopsy photographs show signs of the body already having been prepared for the funeral or 'reconstructed' from the procedures performed during the first autopsy. Thus, as noted by many, the hair of JFK largely looks clean and combed in most autopsy photos, whereas many witnesses remembered his *hair* being soaked with (dried) blood when the body left Parkland Hospital in Dallas or when it arrived at Bethesda (the head was wrapped in a bloody sheet, but at least the *body* was cleaned somewhat at Parkland by nurse Bowron). However, Boswell and Humes denied that anything had been done with the hair before the photographs were taken. In his ARRB deposition, [Boswell](#) said:

GUNN: Okay. Was the hair cleaned in any way for purposes of the photographs?

BOSWELL: No, I don't think so. There was not a lot of blood, as I remember, and I think he had been pretty well cleaned up in the operating— in the emergency room. And I don't think we had to do much in the way of cleansing before we took photographs.

And in his ARRB deposition, [Humes](#) said the same:

GUNN: Earlier in the deposition, I asked you about whether there were any procedures that were taken on President Kennedy before the photos were taken, and it was my understanding that you said that there had been no cleaning and no incisions made.

HUMES: Correct.

Q: Would that be true for the photos that you're looking at right now?

HUMES: Yes.

Q: Dr. Humes—

HUMES: Other than as you remove the dressing from the head, it's possible that coming off with some of the gauze that was there, some of the blood might have been removed. But it wasn't a deliberate attempt to clean it up.

Q: Sure. No cleaning, no combing of the hair or anything of that sort?

HUMES: No. No, no, no, no.

Many have also noticed that there is a towel, as well as a metal headrest (stirrup) beneath the head in the autopsy photos, whereas few witnesses recall the presence of these elements during the autopsy on November 22. Indeed, it was not common practice to use towels or a metal headrest on the autopsy table during any autopsies at Bethesda at that time. During the autopsy on the evening of November 22, the head of President Kennedy was supported by a block (according to mortician J. E. Hagan), probably to keep the head from resting directly on the table, since at that time there was reportedly only beginning rigor mortis (stiffness) of the body (Page 2 of the autopsy protocol states: "There is beginning rigor mortis,...."), and the neck would have been fairly flexible. A complete rigor mortis would have been present a few hours after the completion of the first autopsy and, more importantly, the body had also been arterially embalmed, causing a formaldehyde fixation of the tissues.

Thus, at the deduced time of the second autopsy, Saturday night, the body and limbs would have been fairly inflexible due to the combined effect of the rigor mortis and the embalming. That means that the head would have projected straight into the air from the body, rather than be resting naturally on the table or on a head block. Thus, I think it was necessary to insert this headrest beneath JFK's head to give the impression that the head was resting on this device, and to conceal the fact that there was a complete muscle stiffness at this stage. An additional objective of the headrest might have been to conceal some of the wounds in the back of the head, i.e. the original wounds and the incisions from the first autopsy).

In order to take photographs of the upper torso and head of the deceased from the posterior side (from the rear), it is common practice to hold the body up in a sitting position on the autopsy table. During the second autopsy this does not seem to have been possible due to the stiffness of JFK's body. Thus, in the photographs showing the rear of the head, as well as in those showing the back, Kennedy's body seems to be lying on the stomach, rather than being held up or rolled over on the 'left' side, as many believe.

In the black and white photograph showing the back (F:5/NA:11) the body is clearly on the stomach (Figure 4), since the towel is visible underneath JFK's head. In the black and white photograph showing the back of JFK's head (F:3), the white area adjacent to the head has usually been interpreted as being a portion of the pathologist's gown, and that, consequently, the hand/arm there belongs to a pathologist standing by the side of the autopsy table. Then the photograph has to be oriented and viewed as a 'Portrait' picture rather than as a 'Landscape' picture. However, Dr. Humes apparently oriented this picture as a 'Landscape' picture when discussing this view and the alleged entrance wound in the occipital area with the Medical Panel of the HSCA. In the heat of the discussion, Humes admitted that the body was lying on the stomach ("dorsal recumbent position"), and claimed that one of the pathologist was lifting JFK's head up from the table:

Dr. PETTY: But the point of entry on the external surface of the body, of the head is incidentally depicted in photograph 15 and shows near the margin of the photograph down toward the hairline of the President. And again here on No. 43 it shows the same thing.

Dr. HUMES: I object to your word "incidentally."

Dr. PETTY: Well, by that I mean it's not the subject of the center of the photographer's lens, it's way down toward—

Dr. HUMES: No, no. But you'd have greater difficulty localizing it, I submit to you, were it the same subject of the photographer's lens.

Dr. BADEN: That's true.

Dr. PETTY: I can understand that, sure.

Dr. BADEN: One of the considerations I had in looking at the film, Dr. Humes, relative to the interpretation I had was that perhaps you were holding—

Dr. HUMES: Holding the scalp up, holding the head up.

Dr. BADEN: Holding the scalp and head up specifically so that the photographer could get that point.

Dr. HUMES: Not that point. That is not the case.

Dr. BADEN: That is not the case?

Dr. HUMES: Because I submit to you that, despite the fact that this upper point that has been the source of some discussion here this afternoon is excessively obvious in the color photograph, I almost defy you to find it in that magnification in the black and white.

Dr. BADEN: We're not trying to be argumentative. What we're trying to do is fully understand what you say and what you did.

Dr. HUMES: Nor I. Right. The gentleman was in the dorsal recumbent position on an autopsy table, not the greatest photographic position in the world, and we had to hold his head up. One of us is lifting the head, flexing the neck if you will, by holding the scalp, and to show the wound where it was in relation to the man's head.

Humes is only telling part of the truth, though. The pathologist is not holding the head up. I think the white area is part of a towel underneath JFK's head, and that the pathologist is standing or sitting at the end of the table, apparently sticking his arm up (Figure 5). This interpretation is corroborated by the fact that the left side ('right' side in the original photos) of JFK's head is in sharp focus, indicating the photographer was standing on the same side. Moreover, on the opposite side of the head, there are two additional hands holding a ruler, which are not visible in the available black and white photograph, but they are seen in the [color photograph\(s\)](#) and the composite [drawing](#) Ida Dox made for the HSCA (HSCA Appendix to Hearings, Volume VII, p.104) based on all the photographs showing this view. These hands must belong to two persons standing on the far side of the table relative to the photographer (otherwise they would have obstructed his view). Consequently, the white area must be immediately in front of the photographer, who is therefore taking the picture from a position to the left and a little above the head.

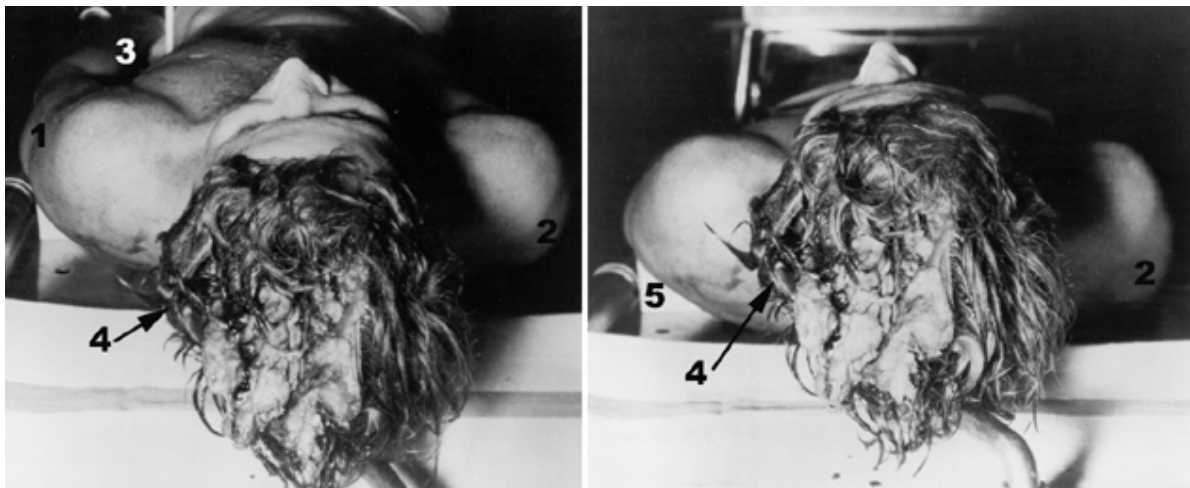




**Figure 5** Autopsy photograph of the rear of the head of President Kennedy after left-right reversal back to correct orientation. The intact left rear of the head is shown, whereas the damaged right rear of the head is invisible or hidden by the ruler [color inset]. The photo was taken from the left side of the body. (1): Area of different color, strongly indicating retouching has been done to conceal a large hole in the scalp and skull observed by some witnesses. (2): The wet-hair-look is probably the result of retouching. (3): Alleged location of entrance wound according to the autopsy pathologists. (4): White area underneath JFK's head is probably a towel, and not the gown of a pathologist.

Since the towel beneath JFK's head seems to have served the purpose of looking like a pathologist's gown in some of the photographs, that may be the real reason for using a towel under Kennedy's head during the second autopsy. Incidentally, the area adjacent to JFK's head purporting to show the pathologist's gown, seems to be light blue in the [color photograph](#), whereas that same area is white, rather than grey, in the black and white photograph(s).

The clearest evidence of a second autopsy subsequent to the preparation of the body for the funeral is seen in the two black and white photographs showing the superior view of the head ([F:6](#) and [F:7](#)). When I first looked at these photographs, I felt that something was wrong with the body, as if there was a lack of symmetry. The shoulders (rear side) are not resting on the table, as would have been the case if the arms had been lying in a natural, relaxed position alongside the trunk (Figure 6). Instead, the arms are rotated medially as if they are reaching forward in an embrace, or are resting on the chest/stomach. Some extra 'tissue' (padding) also seems to have been added under the right shoulder ('left' in official photos) by retouching to make the gap between the body and the table less prominent. Moreover, the right ('left') arm seems to be completely missing, or at least completely hidden by the unnatural shadow on that side of the body. Moreover, immediately below the shoulder of the left arm there is a strange annular scar. The latter arm seems to be supported laterally by a wedge-like block, and there is something unnatural about the forearm.



**Figure 6** Autopsy photographs of the top of the head of President Kennedy after left-right reversal back to correct orientation. (1): There is an annular scar on the left shoulder, indicating the arm has been severed or cut off. The resulting gap has been filled in by retouching. (2): Extra ‘tissue’ seems to have been added under the right shoulder by retouching. Note difference in texture from the natural tissue. (3): The left ‘forearm’ seems to have been created by retouching, whereas the real forearm disappears under the body just below the elbow. (4): A huge defect has been created on the left side of the head, and the scalp has been badly lacerated by the pathologists. (5): A wedge-shaped bloc is used to support the loose left arm. – The right arm, if it’s still there, and most of the chest with the Y incision has been concealed by ‘shadows’.

The peculiar scar and the support under the left arm suggest to me that this arm has been cut off below the shoulder, or that the muscles has been completely severed at this level, so that the arm could be rotated slightly inwards and laid alongside the body with the forearm lying under the body. Most of the visible “forearm” seems to have been added by retouching. The resulting gap between the shoulder and the loose arm or severed muscles has subsequently been filled in by retouching. From the photographs it is impossible to determine whether the right arm has been removed, or is still attached to the body. The fact that that area is completely hidden by the dark shadows, suggests that something has been done to this arm also. We also notice that the chest is largely invisible, being hidden by shadows or behind the face. This was probably done to conceal that a Y incision already had been done when these photographs were taken (the photographs were reportedly taken before any incisions had been made).

Why would the body come to rest in this particular position on the table? And why would the pathologists cut off JFK’s arms or cut through the muscles just below the shoulders?

Again we have to consider the presence of a complete muscle stiffness at the time of the second autopsy. We can assume that when the body was put into the casket, JFK’s arms were laid to rest across his chest/stomach in a praying-like position (according to [Paul K. O’Connor](#) a rosary was put in JFK’s hand). Thus, by the time of the second autopsy, his arms would have been locked in a position mostly in front of his chest. If such a posture had been shown in the photographs or the x-rays, somebody might have suspected that something was wrong. Moreover, with his arms locked across his chest, it would be difficult to get access to the organs of the chest, i.e., to reopen the Y incision.

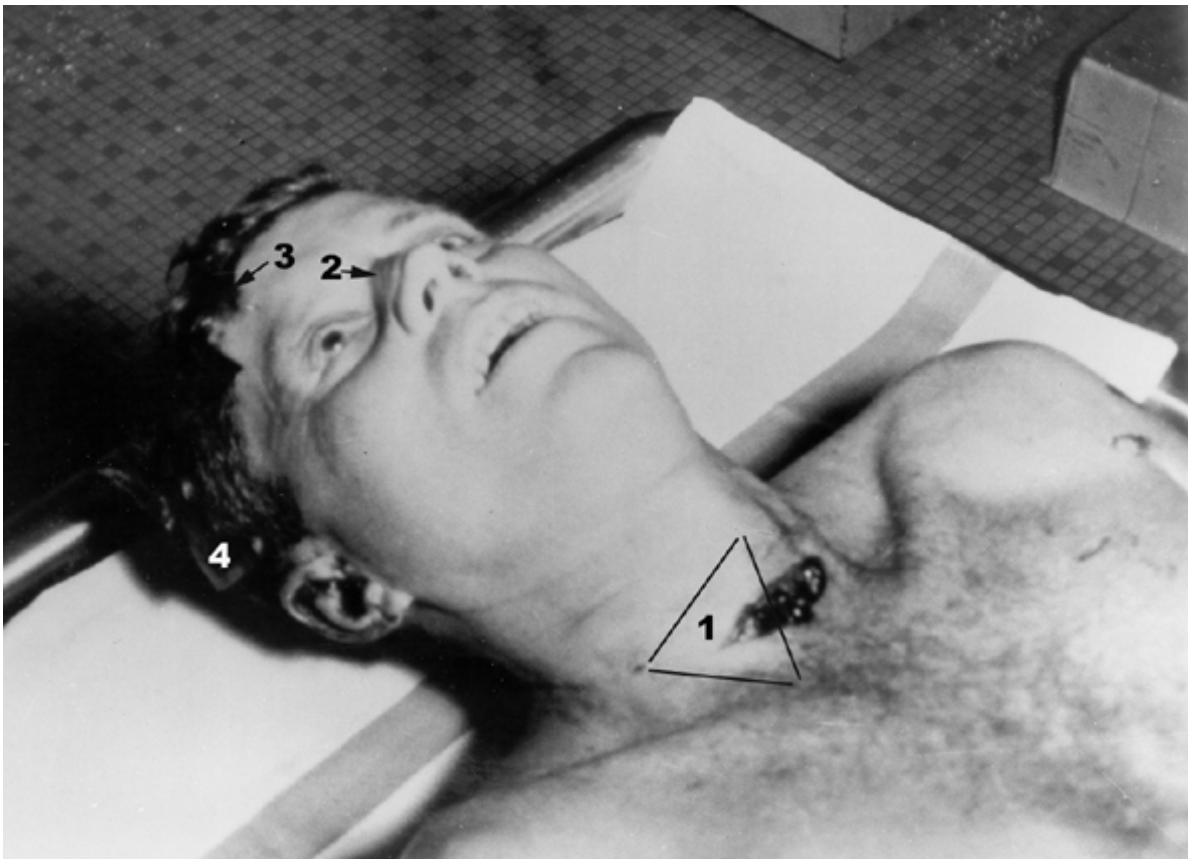
Thus the pathologists seem to have cut through the muscles of the ‘right’ arm, probably also through those on the ‘left’ arm, to get JFK’s arms out of their way, and/or to make at least one of the arms appear in a more natural position alongside the body in the photographs (although retouching was necessary to accomplish the latter objective). A witness to the second autopsy, Richard A. Lipsey, confirmed in his testimony before the [HSCA](#), that the doctors had problems with JFK’s arm(s) being in their way:

One of his arms, and if I’m not mistaken, it was his left arm. You know, the way, I guess, after he died, finished the autopsy by that time and, rigor mortis had set in and one of his arms was slightly higher. Well, the guy’s laying down and one of them was up a little bit. So when they started the autopsy I can remember, one of the doctors, when he was starting to clean the body up, got up on

the table and physically got up on the table and put his knee down on his arm to hold it down -- to get it out of his way -- so he could scrub the rest of the body.

That something was done with the arms, is also corroborated by the fact that none of the other autopsy photos show the arms below the level of the shoulders. Nor do they show the chest where the Y incision would have been visible. The photographs showing the "anterior aspect of head and upper torso" are [cropped](#) exactly at the level of the shoulders and the Y incision (Figure 7). Moreover, in x-ray [No. 8](#), which I think was taken during the second autopsy since the organs have been removed, the area of the right shoulder is so radio-lucent that no structures can be distinguished. It is hardly a matter of coincidence that that area was rendered unrecognizable in the x-ray, since a normal exposure probably would have shown that the arm was (partly) detached from the rest of the body.

Another indication of an autopsy after the body had been embalmed is seen in the photograph of the back (Figure 4). Here a collar-like imprint is visible on the skin in the lower neck/upper back area. This imprint has probably been caused by some kind of clothing or collar that was put on the body in preparation for the funeral. We know that the body was wrapped in plastic before it was dressed after the first autopsy.



**Figure 7** Autopsy photograph of the upper torso of President Kennedy. (1): Triangular area of different color in association with tracheotomy wound indicates retouching has been done to conceal other incisions in this area. (2): The scar on the right side of the nose is faintly visible in this photo. (3): Dark area created by retouching. Some witnesses observed a small bullet hole in this area in association with the second autopsy. (4): Skull fragment from rear of head. - The photograph has been cropped immediately above a possible cut in the left shoulder and above the Y incision on the chest.

## Two sets of autopsy photographs

In the US National [Archives](#) there are altogether 52 autopsy photographs and 14 autopsy X-rays of President Kennedy. The photographs consist of 25 4 x 5" black and white negatives (with corresponding prints) and 26 4 x 5" color transparencies (color positives) (with 27 corresponding color negatives and color prints; transparency No. 49 is missing). The 25 black and white photographs comprise 18 photos showing the upper body from the general autopsy (Nos. 1-18), and 7 photos of the brain from the subsequent brain examination (Nos. 19-25). The 27 color transparencies/prints comprise 20 photos from the general autopsy (Nos. 26-45) and 7 photos from the brain examination (Nos. 46-52). Although there are 52 photographs, they only show 7 different views of the head/upper body (38 photographs from the general autopsy) and 2 views of the brain (14 photographs from the brain examination); each view being represented by several almost identical black and white and color photographs.

If the extant autopsy photographs are camera originals from the autopsy, then at least 18 black and white negatives and 20 color positives should have been exposed during the general autopsy. As will be discussed in the following, all of these 38 photographs have probably been produced from a relatively small number of camera originals taken during the second autopsy, whereas the photographs taken during the first autopsy were destroyed. This will explain the divergent records regarding the number and nature of the autopsy photographs taken, as well as the persons involved in taking the photographs and developing the films. Thus, there are contradicting statements/documents concerning at least the following issues related to the photographs from the general autopsy:

Photographer(s) involved: Stringer only, but assisted by Riebe / both Stringer and Riebe / Knudsen only  
 Time during autopsy when photographs were taken: only at the beginning / throughout the procedures  
 Type of photographs: only color / both color and black and white  
 Type of color photographs: color negatives / color transparencies (positives)  
 Film format/cameras: only 4 x 5" film sheets in duplex film holders / only 4 x 5" film sheets, but from both duplex film holders (color) and film packs (B&W) / both 4 x 5" film sheets and 120 mm film or 35 mm film (in film rolls)  
 Number of photographs: from about 8 to about 100  
 Time of developing the film: "the day after the autopsy" / November 23 (deduced) / November 24 (deduced) / November 27  
 Persons developing the film: Spencer (color) / Spencer (color) and Fox (B&W) / Madonia (color) and Knudsen (B&W)

As regards the 14 extant photographs of the brain, I am convinced that they are not of President Kennedy's brain, since, based on the descriptions I have read, they do not seem to be consistent with the *true* wounds to Kennedy's head. I guess some poor fellow was shot through the head, either before or after he had expired, to produce that piece of false evidence. Incidentally, the supplementary autopsy [report](#) states that 7 black and white photographs and 6 color photographs were taken of the brain, i.e. one color photograph less than is in the Archives:

During the course of this examination seven (7) black and white and six (6) color 4x5 inch negatives are exposed but not developed (the cassettes containing these negatives have been delivered by hand to Rear Admiral George W. Burkley, MC, USN, White House Physician).

It is also quite possible, as has been pointed out in a [memo](#) by ARRB's Doug Horne, that there were two brain examinations, and that JFK's brain actually was examined. Apparently, John T. Stringer took the photographs during the first brain examination (i.e. of JFK's brain), but these photographs were apparently subsequently destroyed and replaced by photographs from a different brain taken by a different photographer.

### **Saundra Kay Spencer**

Saundra Kay Spencer worked at the White House Photo Lab at the Naval Photographic Center (NPC), Anacostia at the time of the assassination. The White House lab was located within the color division of NPC, because they mainly handled color photos. Ms. Spencer was Petty Officer in Charge at the lab, and her supervisor was White House photographer Robert Knudsen.



Ms. Spencer told [ARRB](#) that after the assassination a Federal agent, possibly James K. Fox (of the Secret Service), came to the White House lab with 8-10 color negatives (4 or 5 duplex film holders) from the autopsy of President Kennedy, which he wanted Ms. Spencer to process and then make a print of each developed negative. She did so, and when making the prints (a test print and a final print of each), she could observe how the body of JFK looked like at the time of the autopsy.

In her ARRB deposition Ms. Spencer did not remember for sure which day she developed the film, but she was convinced that it was *before* the funeral (on Monday afternoon), but *after* she had taken some prints for prayer cards to the White House early on Sunday. However, in an earlier telephone [interview](#) with ARRB staff she believed she developed the film the day after the assassination, i.e. on Saturday, and that the handling of these films interrupted her work on the praying cards. Thus, she developed the autopsy films sometime between Saturday and Monday. What Ms. Spencer saw in those photographs was far from what the extant autopsy photos depict.

GUNN: Can you describe for me what you saw as best you can recollect?

SPENCER: Briefly, they were very, what I consider pristine for an autopsy. There was no blood or opening cavities, opening or anything of that nature. It was quite reverent in how they handled it.

Q: If I can just ask for some clarification. Do you mean that the body appeared to be clean, had been washed? Is that what you are suggesting?

SPENCER: Yes.

Q: And that was different from what you had seen in other autopsy photographs, is that right?

SPENCER: Yes. In other autopsies, they have the opening of the cavity and the removing of vital organs for weighing and stuff of this nature. The only organ that I had seen was a brain that was laid beside the body.

Q: And that was in the photograph of President Kennedy?

SPENCER: Yes.

Q: So there was a brain in the photograph beside the body, is that correct?

SPENCER: Well, yes, by the side of the body, but, it didn't appear that the skull had been cut, peeled back and the brain removed. None of that was shown. As to whose brain it was, I cannot say.

She also noticed a large wound in the back of the head, and a small wound in the front of the neck.

GUNN: Could you describe what you mean by the "wound at the back of the head"?

SPENCER: It appeared to be a hole, inch, two inches in diameter at the back of the skull here.

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Q: Was the scalp disturbed or can you describe that more than just the hole?

SPENCER: It was just a ragged hole.

Q: And it was visible through the scalp, is that correct?

SPENCER: Yes.

Q: Did you see any photographs with the scalp pulled back or reflected?

SPENCER: No.

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Q: Did you see any photographs that would have shown any wounds in either the neck or shoulders or back?

SPENCER: It seems like I seen - there was at the base of the neck.

Q: When you are pointing, you are pointing to the front of your neck to the right side?

SPENCER: Yes.

Q: Do you remember approximately how large that injury was?

SPENCER: Just about the size of like your thumb pressed in.

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Q: What is your best recollection of the approximate size of the wound on the throat that you identified before?

SPENCER: Just about like that, just like a finger, half-inch.

Q: Do you remember whether the wound was jagged or how that appeared?

SPENCER: No, just - it appeared just indented. It was, again, clean, pristine, no - you know, it wasn't an immediate wound, it had some cleaning done to it or something.

Spencer's description of the wounds she saw in the autopsy photographs are very close to the descriptions given by medical personnel at Parkland Hospital and by some Bethesda autopsy witnesses. No incisions seem to have been made before the photographs were taken, i.e. they must have been taken very early during the autopsy. Yet, there was a brain beside JFK's body in one/some of the photograph(s). But I agree with Ms. Spencer when she states: "As to whose brain it was, I cannot say". When shown the extant autopsy photographs, Ms. Spencer didn't recognize a single one of them as corresponding to the photographs that she had developed. Nor were they printed on the same type of paper that they had used at the White House lab in November 1963. And the negatives she developed were color negatives, not color positives (transparencies), as are those currently present in the National Archives.

Here are some of her comments as to how the extant photographs differed from those she developed and saw:

*Left side of head and shoulder*

SPENCER: Like I said, the body was pristine, and this has dried blood on the support, the ear, and the hair.

Q: Do you recall whether there was a metal holder for the head on the images that you developed?

SPENCER: I don't remember a metal holder.

*Right side of head and shoulder*

SPENCER: There was no— the film that I seen or the prints that we printed did not have the massive head damages that is visible here.

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SPENCER: The face in the photographs that we did, did not have the stress that these photos— on the face that these photos show.

Q: Could you describe a little bit more what you mean by that?

SPENCER: The face, the eyes were closed and the face, the mouth was closed, and it was more of a rest position than these show.

*Superior view of head*

SPENCER: Again, none of the heavy damage that shows in these photographs were visible in the photographs that we did.

*Posterior thorax (with entrance wound) and the back of the head*

SPENCER: They are using a measuring device, which I don't remember in any of the photographs that we produced, and I don't remember any hands on the President during any of the shots that we reproduced.

Q: Now, could you look at the place on the back of President Kennedy's head that corresponds to where you identified a wound in the back of the head. Do you see that wound present in these photographs?

SPENCER: No, I do not.

Q: Would this view have shown the wound that you previously saw in the photographs of President Kennedy's head?

SPENCER: Yes. The wound that I seen would have been approximately in this area.

Q: If we described that as very roughly the cowlick area, would that be fair to say?

SPENCER: Yes.

*Right anterior view of head and upper torso with tracheotomy wound*

Q: Ms. Spencer, could you look at the wound in the throat of President Kennedy and tell me whether that corresponds to the wound that you observed in the photographs you developed?

SPENCER: No, it does not.

Q: In what way are they different?

SPENCER: This is a large, gaping gash type.

Q: That is, in the fifth view, it's a large, gaping gash, is that correct?

SPENCER: Yes. In the one that we had seen, it was on the right side, approximately half-inch.

Q: Is the wound in a different location or is it just a larger wound on the throat?

SPENCER: It could be just a larger wound.

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SPENCER: Right. None of the flooring [in the autopsy room] was showing or anything of that nature. I don't remember any floor. I don't remember any extremely high angles like this.

*Wound of entrance in right posterior occipital region of head*

SPENCER: Yes. They are again using measuring devices that were not in the pictures that we did. The section that appears to be the skull weight, the side is not there, and again, there are hands in the background. This is not a photograph that was in the set that we produced.

Q: In terms of the locations of the wound, do you see any differences or similarities with those that you developed in November 1963?

SPENCER: No, there is no similarity.

*Missile wound of entrance in the posterior skull following reflection of scalp*

Q: [...] Ms. Spencer, in November of 1963, did you see any images corresponding to the seventh view that you have in front of you now?

SPENCER: No.

Q: Are you able to identify what that view is?

SPENCER: It appears to be the opening of the cavity, top of the head, with the brain removed.

So Ms. Spencer didn't find a single of the autopsy photographs she had developed among those currently present in the National Archives.

GUNN: Ms. Spencer, you have now had an opportunity to view all of the colored images, both transparencies and prints, that are in the possession of the National Archives related to the autopsy of President Kennedy. Based upon your knowledge, are there any images of the autopsy of President Kennedy that are not included in those views that we saw?

SPENCER: The views that we produced at the Photographic Center are not included.

Q: Ms. Spencer, how certain are you that there were other photographs of President Kennedy's autopsy that are not included in the set that you have just seen?

SPENCER: I could personally say that they are not included. The only thing I can determine is that because of the pristine condition of the body and the reverence that the body was shown, that - this is speculation on my part - that perhaps the family had the second set shot and developed as possible releases if autopsy pictures were demanded, because at that time. Mrs. Kennedy was attempting to keep all sensationalism out of the funeral and maintain the President's dignity and name.

Q: Are you able to - let's start with a conjecture as to whether the photographs that you developed, and the photographs that you observed today, could have been taken at different times?

SPENCER: I would definitely say they were taken at different times.

Q: Is there any question in your mind whether the photographs that you saw today were photographs of President Kennedy?

SPENCER: There is not doubt they are pictures of President Kennedy.

Q: Is there any doubt in your mind that the photographs that you saw in November 1963 also were of President Kennedy?

SPENCER: No, that was President Kennedy, but between those photographs and the ones that we did, there had to be some massive cosmetic things done to the President's body.

Q: Do you have an opinion as to whether the photographs that you developed in 1963 were taken before or after the photographs that you observed today?

SPENCER: I would say probably afterwards.

Q: So you would think that the photographs that you developed were taken after reconstruction of the body?

SPENCER: Yes.

Ms. Spencer thought the set she developed was made after the body had been reconstructed. To her, that was the only logical way to explain the discrepancy. But I guess it's the other way round. The set she developed seems to be the photographs taken at the beginning of the autopsy on the evening of November 22nd. No photographs seems to have been taken later that night, and if so, they must have been withheld from developing at NPC by the Secret Service.



When the body had been reconstructed the tracheotomy wound was closed by a suture and sealed by wax, and the scalp adjacent to the opening in the back of the head was stitched together and partly attached to a piece of rubber placed inside the cranium. Moreover, the Y incision on the chest would probably have been visible. Hence, in my opinion, the testimony of Sandra Kay Spencer gives us a very accurate account of how JFK's body and wounds looked like in the original set of autopsy color photographs from the first autopsy. All the extant photographs from the general autopsy in the US National Archives, thus seem to have been taken during the second autopsy.

### ***Dr. Humes***

When testifying before the Warren Commission, [Humes](#) made the following statements concerning the number and types of photographs taken during the autopsy:

Mr. SPECTER: Precisely what X-rays or photographs were taken before the dissection started?

Commander HUMES: Some of these X-rays were taken before and some during the examination which, also maintains for the photographs, which were made as the need became apparent to make such. However, before the postmortem examination was begun, anterior, posterior and lateral X-rays of the head, and of the torso were made, and identification type photographs, I recall having been made of the full face of the late President. A photograph showing the massive head wound with the large defect that was associated with it. To my recollection all of these were made before the proceedings began. Several others, approximately 15 to 20 in number, were made in total before we finished the proceedings.

Mr. SPECTER: Now were those X-rays or photographs or both when you referred to the total number?

Commander HUMES: By the number I would say they are in number 15 to 20. There probably was ten or 12 X-ray films exposed in addition.

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Commander HUMES: The photographs, to go back a moment the photographs and the X-rays were exposed in the morgue, of the Naval Medical Center on this night, and they were not developed, neither the X-rays or the photographs. They were submitted to the, and here, if I make a mistake I am not certain, to either the Federal Bureau of Investigation or to the Secret Service, I am not sure of those.

Mr. SPECTER: Did you submit those yourself immediately after they were taken, Dr. Humes?

Commander HUMES: Again, one of the senior people present, I believe my own Commanding Officer, Captain Stover, took care of turning this material over to these authorities, and receiving a receipt for this information, for this material. It was— I supervised the positioning of the body for various of these examinations but as far as beyond that, I did not consider that my responsibility.

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Representative FORD: May I ask what size are the pictures to which you refer?

Commander HUMES: We exposed both black and white and color negatives, Congressman. They were exposed in the morgue during the examination. They were not developed. The kodachrome negatives when developed would be 405 [sic; 4 x 5"]. They were in film carriers or cassettes, as were the black and white. Of course they could be magnified.

Representative FORD: Have those been examined by personnel at Bethesda?

Commander HUMES: No, sir. We exposed these negatives; we turned them over. Here I must ask the counsel again for advice to the Secret Service.

Mr. SPECTER: Yes; it was the Secret Service.

Commander HUMES: They were turned over to the Secret Service in their cassettes unexposed, and I have not seen any of them since. This is the photographs. The X-rays were developed in our X-ray department on the spot that evening, because we had to see those right then as part of our examination, but the photographs were made for the record and for other purposes.

Representative FORD: But they had never been actually developed for viewing.

Commander HUMES: I do not know, sir.

Thus, in 1964, before he had allegedly seen the photographs for the first time (November 1, 1966) Humes claimed that only 15-20 photographs were taken during the general autopsy, comprising both black and whites and color *negatives*. And we may notice how Humes pretends to be ignorant about whether it was Secret Service or FBI agents who took custody of the photographs and x-rays.

***The Secret Service, agent Fox and photographer Knudsen***

According to a [statement](#) from the Secret Service dated February 23, 1967, the autopsy photographs (black and white negative film and color *positive* film) were developed at NPC on November 27, but color prints were not made until December 9. Secret Service photographer James K. Fox stated in a [memorandum](#) dated February 16, 1967 that White House photographer Robert Knudsen had accompanied him on these trips to NPC:

On November 27th, 1963, I was instructed by my supervisor SAIC Robert I. Bouck, Protective Research Section, to make arrangements with the Naval Processing Center located at Anacostia to have processed both black and white negatives and color positives made during the autopsy of President John F. Kennedy at the Bethesda Naval Hospital. On the same date I proceeded to the Naval Processing Center, Anacostia, accompanied by Chief Robert L. Knudsen, Mrs. Kennedy's personal photographer. Negatives and positives were processed the same day and returned to SAIC Bouck, November 27, 1963.

On December 9th, 1963, I was instructed by SAIC Bouck, to have 8" x 10" color prints made from the color positives and I again proceeded to the Naval Processing Center with Chief Robert L. Knudsen where several photographs were made under my personal supervision. I returned them to SAIC Bouck at approximately 5:45 p.m., December 9, 1963.

In the Secret Service [statement](#) there is no mention of Knudsen, which may be due to the fact that the objective of this document was to show that the autopsy photographs had been in the custody of the Secret Service at all times until they were turned over to Mrs. Lincoln at the National Archives in April 1965 (she had an office there, but was not an employee).

(3) Fox took the photographic film to the U.S. Navy Photographic Laboratory on or about November 27. The black and white film was processed, black and white negatives were developed, and color positives were made from the colored film. The processing and development was done by Lt. V. Madonia, U.S. Navy, at the laboratory. During the processing and development, Fox remained with the photographic film at the laboratory and at the conclusion of the processing and development, all the photographic film which Fox received from Bouck was returned by Fox to Bouck on or about November 27th, 1963 at about 2:00 p.m.

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(5) A few days later, black and white prints were made by Fox in the Secret Service photographic laboratory. On or about December 9, 1963, at the direction of Mr. Bouck, Fox took the colored positives back to the U.S. Navy Photographic Laboratory and observed while enlarged color prints were made. All the color positives and prints were delivered to Bouck by Fox about 6:00 that same evening, at which time they were returned to the locked safe.

White House photographer Robert Knudsen confirmed in his testimony before the [HSCA](#) in 1978 that he and Fox had gone to the NPC to develop autopsy photographs after the assassination. Knudsen said he himself developed the black and white film, whereas Vince Madonia at the color lab of NPC developed the color film. According to Knudsen this happened the morning after the autopsy, and it was admiral Burkley, rather than SAIC Bouck who handed the film to them. Three times during the interview Knudsen says the films were developed the morning after the autopsy, but he was never asked whether that actually meant November 23, or a later date.

PURDY: When did you first become aware of the existence of photographs of the autopsy of President Kennedy?

GNUDSEN: The morning following the autopsy, Dr. Berkley [sic] -- to the best of my knowledge, Dr. Berkley had the film holders in a brown paper bag and handed them to me. Jim Fox, the Secret Service expert, was told to go over and develop them and see that they were secure at all times.

PURDY: Who gave you those orders?

GNUDSEN: I believe Dr. Berkley at that time. He said to develop them and see that they were secure. Jim Fox was right there and the two of us went over to do the developing.

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GNUDSEN: Jim and I got into the White House staff car to go over to the Naval Photographic Center. They were black and white and color. I took the black and white in one dark room and gave the color -- I believe it was Vince Mendona [sic] who took the color into the adjoining color dark

room so we could process simultaneously. So, while Jim Fox stood outside to see that we were not disturbed --

PURDY: You processed the black and whites?

KNUDSEN: Yes.

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PURDY: It is your recollection that Lt. Vince Mendona processed the color?

KNUDSEN: I believe Vince did. I will not swear to that.

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PURDY: Approximately how long after the autopsy were these films developed? Was it the morning after, as you said before?

KNUDSEN: Yes.

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KNUDSEN: [...] I do know that the best sequence of events that I can recall was the morning following the autopsy, Berkley handed me a paper bag with the black and white and color film and there was an agent-- I do not recall who it was -- and Jim Fox was there, and he said, take this over to the Photographic Center, process it, bring the negatives back, don't let anybody see it.

According to Knudsen, they developed 10 color negatives (from 5 duplex film holders), but one of the negatives might have been unexposed, and they developed 12 black and white negatives (from a film pack comprising 12 negatives; not from duplex film holders). There were no color transparencies. When challenged about his claim of developing the black and white negatives, Knudsen is certain that he did it, and he is also certain about the number and type of negatives (film pack).

PURDY: So that each set consisted of ten color prints?

KNUDSEN: Approximately. I do not recall the exact number. There, again, what I am taking this from -- it seems to me there were five holders that they took into the dark room. If there were five holders, ten negatives. If there were one exposed [(sic); unexposed] sheet, there would have been nine negatives.

PURDY: Were there approximately ten black and white negatives, or a greater or lesser number?

KNUDSEN: There was one total film back [(sic); pack]. There would have been twelve negatives, black and white.

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PURDY: Were any of the film holders blank on either or both sides?

KNUDSEN: No black and whites. I have been thinking about it. There could have been an unexposed sheet. In the back of my mind, there is something about an unexposed sheet of the color film. No empty holders.

PURDY: Unexposed sheet of color film?

KNUDSEN: In the back of my mind it seems there might have been one, but we accounted for that by bringing the blank sheet with us. In other words, we brought a sheet of film for -- there are two sheets back for every holder.

PURDY: One of the sheets, was it overexposed or underexposed, the one that was blank?

KNUDSEN: If it was blank, I would say it probably was not exposed. All of the other exposures were good exposures.

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PURDY: It is your recollection that it was just one film pack of black and white film?

KNUDSEN: Yes.

PURDY: You say there are twelve exposures?

KNUDSEN: Twelve exposures.

PURDY: There definitely was not another pack?

KNUDSEN: I will not swear to that. I do not honestly remember.

PURDY: You personally developed the black and white film?

KNUDSEN: Right.

PURDY: No one else was in the room when you did it?

KNUDSEN: That is right.

PURDY: It is James Fox's recollection that he did the black and white developing at the Secret Service lab. That is inconsistent with your recollection.

KNUDSEN: He may have printed black and whites at his lab. The black and whites were developed at the photographic center at the same time that the color was.

PURDY: You personally have a specific recollection of having developed the black and white negatives?

KNUDSEN: Right. Jim stood outside the darkroom door.

PURDY: It is also Mr. Fox's recollection that some of the black and white sides of the film holders either had no film in them or they were not exposed.

KNUDSEN: The black and white was film pack. The film holders were color. To the best of my knowledge, there were no black and whites in the holders. I know there was a pack.

When Knudsen later went back to make 7 sets of color prints, he made these from color negatives, rather than from color positives as stated by the Secret Service. Knudsen is a little vague as to whether Fox accompanied him or not, saying: "to the best of my recollection" and "to the best of my knowledge". He does not volunteer that Fox went with him, but only says so when specifically asked if that was the case, as if he is afraid to say anything contradicting the official version. But apparently somebody else accompanied him, because Fox allegedly went with *them* rather than just with *him* to NPC ("he went ...with us"). According to Knudsen they went back to make the color prints the day after developing the film or just a few days later. It is noteworthy that Admiral Burkley, as well as the Naval Aide, Taz Shepherd, were present when orders were given to make the prints. The Secret Service man, whose identity Knudsen does not recall, or does not dare to disclose, might have been SAIC Bouck.

PURDY: Could you tell us the chain of events that led to the printing of the negatives, the printing of the photographic prints?

KNUDSEN: I was told that they needed seven sets of 8 x 10 prints.

PURDY: Who told you that?

KNUDSEN: To my recollection, Taz Shepherd, Berkley and the Secret Service men were all present. I do not recall which one told me, the exact words. They apparently had been discussing what was required, and I was called in and told, here is what they need, and went back to the Photographic Center and made seven sets and brought them back to the White House. I have not seen the prints since.

PURDY: Was there a particular individual whose orders you were responding to?

KNUDSEN: I do not recall.

PURDY: Do you recall if Dr. Berkley asked that you make the prints?

KNUDSEN: As I say, to the best of my knowledge, Taz Shepherd, who was the Naval Aide, Berkley, the Secret Service man -- I do not recall who it was -- the three of them were there.

PURDY: Was the Secret Service man James Fox?

KNUDSEN: No. Jim did not have authority for something of that nature.

PURDY: Was he present at the time?

KNUDSEN: To the best of my recollection, he went back over to the photographic center with us while the prints were being made, to insure security.

PURDY: Do you recall whether he was there when you were told that you had to have the prints made?

KNUDSEN: No, I do not. I assume he was, because I took them immediately back to the Photographic Center to be printed, but I will not swear.

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PURDY: You were told to make these seven sets of prints, and you stated that James Fox went with you. Is that correct?

KNUDSEN: To the best of my knowledge, yes.

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PURDY: Who actually made the prints?

KNUDSEN: Well, it is basically a mechanical operation. You put them in these trays and the machine just moves them from slot to slot. They are machine processed.

PURDY: Who supervised the machine?

KNUDSEN: Oh, Vince Mendona was there. I was there. I am sure Jim Fox was there with us.

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PURDY: After the prints were made, then what happened?

KNUDSEN: I took them back to the White House.

PURDY: You and?

KNUDSEN: Jim Fox. He was with me. We took them back.

When shown copies of the autopsy photographs in the National Archives, Knudsen confirmed that the images were consistent with the ones he saw immediately after the assassination. However, he seems to be a little hesitant as to accepting the photos showing the back of the head quite intact, indicating there had been a damage similar to what could be seen in the photos showing the “superior view of the head”. Moreover, a photo showing two probes through the body was missing.

KNUDSEN: It seems to me that there was one photograph that showed— I can best describe it to you. This part of the hair (Indicating). There seems that there is a strand of skin holding this this way.

PURDY: This witness is pointing to the back portion of the head. I am turning to photograph 42 and 43F [“Missile wound in right occipital region”].

KNUDSEN: This is not what I mean.

PURDY: A photograph of the back of the President's head. Let me just ask you if that looks like one that you saw, or that matches your recollection. This is the back of the President's head here.

KNUDSEN: There again, I did not study it in detail. It seems to me that there was a little bit more of the piece of the skull hanging in one of the photographs. Here, this is it.

PURDY: Now we are referring to Photograph No. 37F, showing the top of the President's head. So it is your testimony here today that these photographs are not inconsistent with the ones that you saw?

KNUDSEN: No, not at all.

PURDY: Is there anything that you saw that is not represented by these photographs?

KNUDSEN: I feel certain that there was the one with the two probes.

PURDY: One photograph with two probes through the body?

KNUDSEN: That is correct.

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PURDY: Does this approximately respond [(sic): correspond] to the number of color prints you recall?

KNUDSEN: That is correct.

PURDY: It is just your recollection that there was one more, or at least one more, than is present in these?

KNUDSEN: It seems to me that the one I saw with the probes was strictly a negative. I do not remember seeing a print of it. The first day, when we processed the film, we were just checking the negatives. I believe it was a black and white. I do not know. I believe it was the negative of the probe.

PURDY: You think it was black and white, or you think it might have been, or you are just not sure?

KNUDSEN: It was a negative. I do not recall ever having seen a print, but it seems to me that there was a negative, in checking the negatives.

Robert Knudsen’s role in taking the autopsy photographs will be further discussed later.

### ***Vince Madonia***

Vince Madonia, who was in charge of the color lab at NPC in November 1963, confirmed in two interviews with [ARRB](#) staff that there was a lot of activity at NPC in the days following the assassination. Here are some excerpts from these interviews.

#### *First interview 06/25/96*

When asked by ARRB staff whether he developed any autopsy film himself, after a pause, Madonia said no. When asked whether any of his people developed any autopsy photography, after another pause he said that he was not sure; ultimately he said that they may have ‘assisted’ others. He said that a female named Sandy may have assisted others with autopsy photography. ARRB asked whether this person’s name was Sandy Spencer, he said yes, it was, and stated that she was a First Class Petty Officer (Navy E-6), and said she was a very reliable worker, an “excellent” worker,

whom he had a lot of respect for. He said that she was the senior of the three people who did the work in the NPC White House lab.

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When asked whether he remembered photographic work related to the JFK autopsy being done after that weekend, during the one month period following the assassination weekend, he said that yes, agents did come back for some more photos which "may have been about the autopsy" during subsequent weeks, during a couple of subsequent visits. Other than the subsequent visits taking place, he could not remember details.

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When asked, Mr. Madonia said he did not remember any specifics about film that weekend: neither number of rolls, nor format, nor type (B & W or color, film speed, etc.). He said that the color lab almost exclusively did color prints. When asked whether he remembered developing color positive transparencies related to autopsy photography, he said he did not recall any transparencies being developed, only prints. He said there was no good system for making prints from color positive transparencies; NPC had the capability to develop transparencies and make internegatives, but he did not remember this happening following the JFK assassination.

Madonia, when asked, said he did know Robert L. Knudsen, and remembered that he was a White House photographer, and said, "he may have been there that weekend (right after the assassination)." As soon as he had said this, however, he said, "take that out of your notes, I shouldn't have said that, I'm not sure."

#### *Second interview 27/11/96*

Activity at NPC Weekend of Assassination: Remembers 3 full days of photographic activity, which began the evening of the assassination prior to midnight. Federal agents from both the FBI and Secret Service (a total of 2 or 3 people, he estimated) were present these three days to ensure tight control over films, and to prevent unauthorized reproduction. No one went home the night of the assassination - people worked straight through that first night. He believes he saw Robert Knudsen sometime that weekend, but is not sure when. He does remember that some personnel in the White House lab unit developed autopsy photography that weekend, as well as motorcade photography from the time of the assassination until and including arrival at a hospital in Texas (and removal of the President from the limousine); however, he does not remember any details of the President's wounds from any of this photography the weekend of the assassination. He does remember development of color negatives, and color prints that weekend; he does not remember development of color positive transparencies. He does remember development of 35 mm film and 120 film, as well as a B & W film pack (12 ea 4" X 5") that weekend; he does not remember any other 4" X 5" photography that weekend, such as 4" X 5" color positive transparencies in duplex holders. He could not specify which types of pictures were on which film formats, but seemed reasonably sure that NPC developed no 4" X 5" color positive transparencies following the assassination.

Thus, Madonia seems to largely corroborate Ms. Spencer's and Knudsen's accounts of the events, although he apparently denies having developed any color negatives himself. My interpretation is that Secret Service agent Fox probably brought the color negatives from the first autopsy to NPC for developing and printing (by Ms. Spencer) on Saturday, and then Fox and Knudsen went back to NPC one or a few days later with the new set of undeveloped film from the second autopsy.

#### ***Number of photographs***

The Secret Service [document](#) and the [memorandum](#) from Fox seem to relate to the second set of autopsy photographs, or actually to the final set of (processed) autopsy photographs, which included color transparencies rather than color negatives. That also seems to be the case for the [film receipt](#) allegedly typed and signed at Bethesda on November 22, which refer to color positive film (Ektachrome E3). According to Stringer's [ARRB testimony](#) he didn't sign this film receipt until about a week after the autopsy on November 22nd.

GUNN: When did you first see the document that's marked [Exhibit 78](#)?

STRINGER: I don't remember. It was sometime after the autopsy, because the captain had me sign it.

Q: Do you remember whether it was within a week of the autopsy, or a month of the autopsy?

STRINGER: Well, I wouldn't know. Maybe a week or so. I don't know.

Q: Do you remember seeing the document, now marked Exhibit 78, on the night of the autopsy?

STRINGER: No.

The number of exposed film sheets (16 color; 12 B&W) referred to in the film receipt was corrected in a [letter](#) from Bouck to Capt. Stover dated December 5th, 1963 (21 color; 18 B&W), which brought the numbers pretty close to what had been recorded by FBI agents Sibert and O'Neill in their [report](#) from the autopsy:

The following is a complete listing of photographs and X-Rays taken by the medical authorities of the President's body. They were turned over to Mr. ROY KELLERMAN of the Secret Service. X-Rays were developed by the hospital, however, the photographs were delivered to Secret Service undeveloped:

- 11 X-Rays
- 22 4 x 5 color photographs
- 18 4 x 5 black and white photographs
- 1 roll of 120 film containing five exposures

But even after that correction the numbers of photographs and x-rays allegedly taken at the autopsy do not correspond entirely to the number of black and white negatives, color transparencies and x-rays from the general autopsy currently in the [National Archives](#) (22 color positives - 20 exposed/2 unexposed; 23 B & W negatives - 18 exposed/5 unexposed; 14 x-rays). And there are also three more x-rays in the National Archives than recorded by the FBI agents.

If the numbers of photographs taken on the evening of November 22 as recorded by Siebert and O'Neill are correct (22 color, 18 B&W), as well as the number of color photographs Ms. Spencer remember she developed (8-10), then Ms. Spencer must have developed only about half of all the color photographs taken during the first autopsy. In that case, someone else must have developed and printed the remaining 10-12 color photographs. In addition, someone else must have developed all the black and white negatives from the first autopsy, if there were any. That might have been James K. Fox at the Secret Service laboratory, since he apparently told [HSCA](#) (stated by Mr. Purdy when questioning Robert Knudsen) that he had developed some black and white negatives from the autopsy.

Another possible explanation to the discrepancy between the number of photographs recorded by the FBI agents and the number of photographs developed by Ms. Spencer, as well as the apparent absence of black and white photos on that occasion, is that the FBI agents in the morgue were fooled to believe that those conducting the autopsy did a very thorough examination and documentation of the wounds. Instead, they might have exposed only a small number of photographs that night (possibly using empty film holders for the rest of the exposures), since they already knew that they would need to take another set of photographs after the body had been altered. Thus, the photographer during the autopsy on November 22, John T. Stringer, claimed to [HSCA](#) staff that he only took color photographs during that event (see later).

The two FBI agents O'Neill and Sibert could easily have been fooled about the numbers since they did not count the x-rays and photographs themselves, nor were they allowed to observe directly the taking of photographs and x-rays. Sibert is very clear about how they got the numbers in an [affidavit](#) that he prepared for the HSCA:

The Secret Service retained the undeveloped photographs and X-Rays and neither O'Neill nor I handled them. Regarding the listing of those materials in my report, Humes told us the number of X-Rays and photographs; we had no independent verification, we didn't count them.

This information is repeated in the ARRB depositions of both agents. And according to them, all the autopsy photographs and x-rays were taken at the beginning of the autopsy, i.e. before any incisions had been made and the brain and any organs had been removed from the body. The following are the statements by [O'Neill](#):

GUNN: Were you in the room while the pictures were taken?

O'NEILL: [...] We were not in the autopsy in the room itself. As I mentioned, we were asked to leave, which we did. I do have a listing, I believe, in my report of the amount of pictures taken and



of the amount of X-rays taken. These were given to me by Boswell and by Finck --not Finck, but Boswell and Hume[s], as to the amount of pictures taken.

GUNN: When you say in your "report", you're referring to the FD 302 that's been marked as [Exhibit 151](#) -

O'NEILL: Yes.

Q: - is that correct?

O'NEILL: Yes. Yes, that's correct. Yeah, these are figures which I didn't make up myself. These were given to me by --let me see --by Humes. He was the one.

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Q: Okay. Do you remember how many photographers there were?

O'NEILL: No, I don't know. There was specifically one I know of. There might have been two. But I don't know whether there was one or two. I don't know whether one --you know, one could take these pictures. Although, there weren't too many pictures taken. I mean, but- No, I can't say whether it was one or two photographers there.

---

Q: Approximately how much time were the photographers and X-ray technicians in the morgue?

O'NEILL: Oh-gee, really, it's hard to tell. I'd say 10 minutes, 12 minutes. Something of that-- It didn't take too long to take the pictures and the X-rays. We then went back in. And prior to any surgical procedures being made, the doctors said they wanted to wait till they got the results of the X-rays, so they could make a determination. They also wanted to wait for Colonel Finck, who I understood was from the Armed Forces Institute of Pathology, to come over to assist in the autopsy, since I understand that he was a-- the only forensic pathologist in attendance at that time.

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Q: You've referred to the fact that photographs and X-rays were taken before any procedures were done on the body.

O'NEILL: That's correct.

GUNN: Was there any subsequent time when additional X-rays or photographs were taken, to the best of your knowledge?

O'NEILL: No, because if they had been taken, they would have requested that we go out of the room again, as they did the first time. And that we move-- No request was made. And I didn't see any other photographs being taken, or any other X-rays being taken.

In his ARRB deposition [Sibert](#) refers to the list or numbers of photographs and x-rays given to them as an "inventory". And Sibert states several times that the x-rays and photographs were taken at the beginning of the autopsy.

SIBERT: [...] We got that inventory that Humes gave us, which I included in my FD 302.

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GUNN: Did you see the body lifted out of the casket and put onto the autopsy table?

SIBERT: I believe I do. I remember that. That was just before. They cleared the room, that I mentioned. The photographs and the X-rays that were taken right after that.

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Q: First incision. How much time was there between the time that the body was unwrapped from the sheets and the first incision was made?

SIBERT: Well, this is the time that you would have had the X-rays and the photographs. And I don't recall. And I think they probably may have waited a little bit to get those X-rays developed. Now, the photographs were undeveloped. They weren't developed that night for use at the autopsy. But I think that they probably --And here again, I'm just assuming that they probably wanted those X-rays before they started the real detailed part of the autopsy, you know.

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Q: During the time towards the beginning of the autopsy when you left the room for the photographs and X-rays, where were you waiting during that time?

SIBERT: As I recall, we were out in the hall. But they cleared the room for the X-rays. And they said they were going to take photographs. So, everybody except the personnel involved in those two functions - Medical personnel, were the only ones who were, theoretically, in there.

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Q: Were you at the - in the autopsy room at any time when photographs were being taken?

SIBERT: No, I don't think I was.

Q: You mentioned it first that you left the room while photographs were taken. I just want to make sure that no photos, as far as you're aware, were taken after the procedures—

SIBERT: I don't recall any additional photos being taken while I was there.

Q: After the first round of X-rays was taken, do you recall needing to leave the room again for additional X-rays to be taken - subsequent X-rays?

SIBERT: I don't remember being excluded like we were on that first one when X-rays were taken.

Q: Do you remember any discussion among the doctors about the need for performing additional X-rays during the course of the autopsy?

SIBERT: No.

Hence, it seems very likely that photographs were only taken at the beginning of the first autopsy, which is consistent with the photographs Ms. Spencer developed. Hence, the brain she saw in one of the photographs, couldn't have been JFK's brain. All the photographs from the first autopsy were subsequently destroyed and replaced by the new set from the second autopsy.

As mentioned earlier, Knudsen stated to HSCA that he and Fox only developed about 10 color negatives and 12 black and white negatives (a film pack with 12 sheets of film). If that is true, I would guess that several nearly identical photographs were made from each original, in order to produce the final set of autopsy photographs (brain exclusive), which shows 7 different views of the body in a total of 38 photographs. In the photos that needed major editing (retouching, left-right reversal), I guess they first made the necessary changes in just one copy (on one print), and then made several photographs of the edited print, using slightly different crops and exposures (contrast). Thus the final set of photographs of each view would appear as if several slightly different photographs of the body had been taken. It is also possible that the final color transparencies were made from black and white prints that had been colorized. Or it could be the other way round; some of the black and white photographs may originate from color photographs. The latter procedure is suggested by the following exchange between Humes and Boswell during their meeting with the Forensic Pathology Panel of the [HSCA](#):

Dr. HUMES: All I could tell you is that it could, Dr. Petty. It could have because these obviously in time were taken -- these black and white photographs, both 18, were taken temporally that evening, at a later hour than was this color photograph No. 26, in this case.

Dr. BOSWELL: These two are essentially identical though.

Dr. PETTY: Which two, would you just identify them for the--

Dr. BOSWELL: No. 44 color and No. 17 black and white. These are almost identical, and I would assume that one was taken with one camera and then the other one with another camera at the same time.

Dr. HUMES: What? The color negative may have been developed, may have been printed black and white, Jay. Looks more like that to me.

Dr. BOSWELL: Might have been. So they may be actually the same photograph.

Dr. HUMES: I think they are.

The photographic panel of the [HSCA](#) also concluded that the corresponding black and white and color photographs were virtually identical:

According to inventories (Humes et al., 1966, Carnes et al., 1968) of the JFK autopsy materials in the National Archives, the collection includes a total of 52 exposed negatives. These may be divided into two series: (1) 25 4 by 5 inch black and white, and (2) 27 4 by 5 inch color negatives. The entire series is numbered sequentially beginning with the black-and-white series: Black and white; No. 1 to No. 25; color; No. 26 to No. 52. Examination of prints of the total series revealed that most of the black-and-white negatives are virtually duplicates, in subject and view, to corresponding negatives in the color series. Therefore, our detailed analysis was limited to an examination of the latter.

By making slightly different images from each altered original, detection of the alterations by stereoscopic viewing of pairs of almost identical images could also be avoided. Thus, the [HSCA](#), after such stereoscopic viewing, concluded that no alterations had been made. Apparently the HSCA did not think of the possibility of taking pairs of photographs of altered photographs rather than of the body itself.

The rather poor photographic quality of the autopsy photographs also strongly indicates that these photographs are not camera originals but rather second or third generation copies of altered prints of the original negatives. After all, the alleged autopsy photographer, John T. Stringer, was reportedly a very skilled, professional medical photographer.

### **Who took the different sets of autopsy photographs?**

Since there were two autopsies and two sets of autopsy photographs, the question arises whether the same photographer was used on both occasions. There seems to be no doubt that John T. Stringer took the autopsy photographs on the evening of November 22nd. Floyd A. Riebe was also present that evening, but he seems to have acted mainly as an assistant to Stringer. Riebe did apparently try to take some photographs himself, but the film was reportedly taken from his camera by a Secret Service agent and exposed to light, so no proper images could be seen on his roll of 120 film. Stringer, on the other hand, used 4 x 5" film in duplex film holders.

#### ***John T. Stringer***

Dr. Humes told the Journal of the American Medical Association ([JAMA](#)) in 1992 that Stringer took the autopsy photographs. Humes mentions that there were two photographers present, but it is not clear whether the second one Humes had in mind was Floyd A. Riebe or somebody else. The "unauthorized Navy corpsman" Humes mentions is obviously Riebe, but it is somewhat strange that Humes lists him as a photographer when he was not supposed to take pictures. Perhaps Humes was thinking of a different photographer from the second autopsy. And it was a Secret Service agent rather than an FBI agent who took the film from Riebe. Humes had learnt by this time that there were 52 autopsy photographs, but he had obviously forgotten that only 38 of those were from the general autopsy, which he is speaking about. If the wounds were so obvious, it's a little strange that Humes had such difficulties in locating one of them in the photographs.

Humes emphasizes. "I was in charge from start to finish and there was no interference - zero. It was myself, 'J' [Boswell], [Dr] Finck, two Navy enlisted men who served as autopsy technicians, three radiologists, including chief Jack Ebersole, MD, and two photographers, including the medical school's chief of photography, John Stringer. We took 14 x-rays of the body from head to toe and we took 52 photos from every possible angle."

He dispels the myth that no photos were allowed. "The medical school's director of photography was a civilian, John Stringer, and, in my opinion, he was one of the best medical photographers in the world. He took 25 black-and-white photos and 27 color photos, all with large 4-by-5-inch negatives. No significant aspect of the autopsy was left unphotographed." He adds, "The wounds were so obvious that there was no need to shave the hair before photographs were taken."

Responding to published reports that photo negatives were seized by the FBI and that the FBI took its own photographs, Humes is incredulous. He says, "Yes, there were FBI and Secret Service people milling about the room. And, at one point, there was an unauthorized Navy corpsman taking photos in the morgue and the FBI quite properly seized and destroyed that film, since the photographer did not have credentials. However, the official photos taken by John Stringer were never touched, and no one from the FBI even had a camera, let alone the intention to take autopsy photos. These reports are an incredible lie."

Stringer has repeatedly stated that he took the autopsy photographs that are currently in the National Archives. On November 1, 1966, he inspected the photographs (black and whites and color transparencies) together with Humes, Boswell, Finck and Ebersole, and later signed the [inventory](#), which stated:

The X-rays and photographs described and listed above include all the X-rays and photographs taken by us during the autopsy, and we have no reason to believe that any other photographs or X-rays were made during the autopsy.

In his testimony before the [ARRB](#), Stringer again recognized all the autopsy photos of JFK's body as photographs taken by himself on November 22nd. He claimed that the photographs accurately depicted what the body looked like during the autopsy, i.e. no alterations had been made in the photos. That is obviously not the case, but I don't think he is merely lying about the photographs, I suspect he is also lying about the role he played in taking (the

originals of) those photographs. Stringer sticks to the official version as to the location of the wounds, but he has great difficulties in explaining how the wounds looked like when he allegedly took the photographs. That might be attributable to the long time period since the autopsy when he was questioned, and to the fact that some of the photographs are mirror images of the wounds, but I suspect the real reason is that he never saw JFK's body after the alterations had been done to it.

When looking at the photographs showing JFK's back, Stringer first thinks the pathologists are holding JFK's body up from the table, as would have been the case during the first autopsy when there was no rigor mortis, but after a long discussion with Gunn he has to admit that the body is lying on its 'left' side, whereas I think there is no doubt that the body is lying on the stomach. I guess Stringer would have remembered the difficulties in flexing the body parts if he had attended the second autopsy.

GUNN: Can you explain what the orientation of the body was in relationship to the table, in this particular [view](#) ["posterior view of wound of entrance of missile high in shoulder"]?

STRINGER: He was up, sitting up.

Q: This is - these are photographs with the President sitting up?

STRINGER: He was holding him up. Yes, he was holding him up. See, he's holding him up there.

Q: So, in view number 4 that we are looking at here, the President's body is being propped up, so that his torso is approximating a 90 degree -

STRINGER: Right.

Q: - or coming close to a 90 degree angle from the table?

STRINGER: Correct.

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STRINGER: The body was on its side.

Q: The body was on its - lying on its left shoulder, rather than being propped up in something like a 95 degree angle? Based upon your reexamination -

STRINGER: Well, I don't know, because here's your table here. And I don't know whether this is the buttocks down here or not. In other words, the body does not extend, which it should. See what I mean?

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Q: So, then, by your reevaluation, you would think it would be more likely that the President is being propped on his left shoulder?

STRINGER: Yeah, and because his arm couldn't come out this far to show - his left arm. This is what I'd thought about, too.

Stringer was apparently interviewed by the HSCA in August 1977, and went with HSCA staff to the National Archives to view the autopsy photographs, although Stringer denied that these events had taken place when testifying before the ARRB in 1996. According to the HSCA [memorandum](#), Stringer stated that he did not take any black and white photographs during the autopsy:

STRINGER said he did not take any black and white photographs and that those that were made must have been from the color transparencies in the two step process.

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He said in the general autopsy, he only took color photographs.

When asked about these statements by Mr. Gunn, Stringer was somewhat vague whether he had taken any black and white photos or not. And he suggests, just like he did to the HSCA, that the black and white *negatives* may have been produced from color *prints* (not merely B&W prints printed from color negatives).

GUNN: [...] that state that [...] you did not take black and white photographs at the autopsy. Are those statements correct or incorrect? [...]

STRINGER: Well, I don't know whether I did or not, but I think I did when I see all this.

Q: You think that you did -

STRINGER: Took some black and white.

Q: When you say "see all of this", what are you referring to?

STRINGER: Well, seeing what was said back in those days.

Q: You're referring to [Exhibit 19](#)?

STRINGER: Well, I am referring to some of the other things that were said that there were black and whites taken.

Q: Okay.

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Q: The first full sentence, which I'll read for the record. "He said in the general autopsy he took only color photo -" Excuse - Let me try that again. "He said in the general autopsy he only took color photographs." Do you see that at the top of the page?

STRINGER: Yes.

Q: Is that a correct statement as to what you did during the autopsy?

STRINGER: I actually don't remember, but we generally took black and white and color at the same time. Now, if we have black and white negatives, then, we probably took it. But, then, you can also take black and white negatives from a color print.

Q: When you say "we" took them, who do you mean by "we"?

STRINGER: I. Excuse me.

But did Stringer only refer to himself when he said "we"? If Stringer told the truth to HSCA in 1977 about only taking color photographs during the autopsy, that would again indicate that he was only present at the first autopsy, although the FBI agents there were also told that black and white photographs had been taken. But since he is supposed to have taken the official autopsy photos, which include black and white photographs, he has to admit, albeit reluctantly, that he also took such photographs.

Of course Stringer has no other choice but to say he took the extant autopsy photographs even though he didn't take them. If he had said he didn't take them, he would have disclosed the secret second autopsy. And he doesn't dare to do that. He seems to be very afraid of the consequences of revealing too much. The following exchange with Mr. Gunn of ARRB underlines that.

STRINGER: You don't object to things.

GUNN: Some people do.

STRINGER: Yeah, they do. But they don't last long.

When making that comment, Stringer might have been thinking of Lt. Cmdr. William Bruce Pitzer, Chief of the Educational Television Division of the Naval Medical School, Bethesda. [Pitzer](#) was found dead in his office at Bethesda on October 29th, 1966. The official conclusion was that he had committed suicide by firing a gun through his head, but his family and friends didn't believe this. In addition to an entry wound in the right temple and an exit wound behind his left ear, the autopsy revealed damage to the skull in the left temple. The latter damage suggests that Pitzer was knocked unconscious with a blow to his head, and then killed by a shot through his head.

Pitzer's death might very well have been related to the autopsy of President Kennedy. Pitzer's friend [Dennis David](#) (First Class Petty Officer at Bethesda Medical School) told ARRB that 3 or 4 days after Kennedy's autopsy Lt. Cmdr. Pitzer had shown him portions of a black and white 16 mm movie film, 35 mm color slides and black and white prints from the autopsy. According to David, these photographic images showed the following:

He said he witnessed only a short section of the film, which appeared to show the President's body during initial examinations, and before any incisions. He said the film was clearly shot in the morgue at Bethesda, but not from immediately adjacent to the autopsy table; instead, it was shot from a distance --either from the gallery, or from well back in the room. [...] He said that the motion picture film, although somewhat grainy, clearly showed a gaping wound in the back of the President's head, and that the top of the head looked intact. [...] Like the color slides, he said these prints "made it very clear that President Kennedy was hit from the front as well as from the rear." When I asked him what it was about the B&W prints, and color slides, which made him say this, he said that first, in both the B&W prints and color slides, he could see a round or oval wound, about one quarter to three-eighths of an inch in diameter, in the right front temporal area of the President's head, just below the hairline, which he immediately interpreted as a bullet entry wound; he also said that, just as in the movie film, there was a gaping hole in the back of the head. When asked, Mr. David clarified that the top of the head looked intact in these photographs. He specified that the print and color slide images were straight on, profile, and oblique images of the upper torso

and head of the President, and was quite certain that there was no evidence of any “Y-Incision” in the photographs he viewed. When asked to specify to the best of his ability, on the telephone, where this entry wound was located, he estimated it was “about 3 inches forward of the right ear, and just below the hairline near the top of the forehead.” He also said that the images of the tracheotomy in the anterior neck depicted what in his opinion was much larger, and sloppier, than most trachs he has seen throughout his career.

X-ray technician Jerrol F. Custer in his [ARRB](#) deposition also claimed that somebody was taking movies during the autopsy. And he is obviously referring to Pitzer.

CUSTER: There was a chief there that night that was taking movies. Remember how I had stated that he was the gentleman that had committed suicide, supposedly, and had the deformed hand - where they found the gun in that deformed hand? He was there that night, taking movies.

Q: Did you actually see him taking movies?

CUSTER: Yes, I did.

Q: What kind of movie camera was he using?

CUSTER: I would imagine a simple eight millimeter.

Q: Was he wearing a uniform?

CUSTER: Yes, he was.

Q: And what was his rank?

CUSTER: Chief.

Q: Did you hear any discussion during the time of the autopsy about movies being taken?

CUSTER: Well, there was quite a few upset people from the gallery that were - didn't like the idea. But the chief just kept right on going. He said, “I'm doing my job.”

Q: In addition to the chief who was - Do you remember the chief's name?

CUSTER: No, I don't.

Q: Does the name Pitzer mean anything to you?

CUSTER: Yes. Now, it rings a bell, but I'm not quite sure. But that name “Pitzer” does ring a bell.

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Q: But did you know that name at all on the night of the-

CUSTER: No, I didn't know that name at that time. No, I didn't. Some of this stuff is starting to come back.

Stringer, however, said in a telephone [interview](#) with ARRB staff that Pitzer was not present at the autopsy.

Q: Did you know LCDR William Bruce Pitzer? Was he at the autopsy?

STRINGER: Yes, I knew Bill. He was in charge of the T.V. studio at Bethesda, of audio-visual. But he wasn't at the autopsy. I don't remember seeing him in the morgue; I don't think he was there. I later saw an article in the National Enquirer or somewhere claiming that he was there and that he shot himself because of this. But I don't recall seeing him at the autopsy.

Stringer repeated this at the conclusion of his ARRB [deposition](#):

GUNN: One last question, and this is probably repetitive from earlier questions we have. Was there anyone taking any motion picture photographs -

STRINGER: Negative.

GUNN: - during the night of the autopsy?

STRINGER: Negative.

GUNN: Thank you very much.

STRINGER: And how about Mr. Pitzer?

GUNN: Was Mr. Pitzer present at the autopsy?

STRINGER: He was not present. In fact, I shot his autopsy.

GUNN: Photographed his autopsy?

STRINGER: Yeah, excuse me.

GUNN: Okay. Thank you very much, Mr. Stringer.



Unfortunately Mr. Gunn didn't ask Stringer what he knew or felt about Pitzer's death. It seems as if Stringer wanted to say something about Pitzer, since it was Stringer who first mentioned Pitzer's name.

I think Stringer was right when he said that he didn't see Pitzer during the autopsy. Because Stringer was seemingly only present during the first autopsy, whereas Pitzer might have been present during the second one. FBI agents Sibert and O'Neill did not observe anyone taking motion pictures during the autopsy on November 22, but Pitzer might have taken his film/photographs when the other photographs were taken at the beginning of the autopsy, i.e., when the FBI agents were out of the autopsy room. But then one would presume that the Secret service would have taken Pitzer's films.

Even though Dennis David didn't observe any damage to the top of the head or a Y incision in Pitzer's autopsy images, the sloppy tracheotomy wound as well as the wound in the forehead above the right eye, indicate that these pictures were taken at the beginning of the second autopsy. There are indications from other testimonies that a bullet wound may have been produced through Kennedy's forehead before the body arrived in the morgue for the second autopsy. But the wound did not show up in any of the autopsy photos. Instead, that particular area of the forehead is covered by strands of hair, apparently made by retouching, in all the extant autopsy photos showing the face.

Thus, Lt. Cmdr. Pitzer might have had in his possession photographic images that not merely showed the altered body of President Kennedy, but also revealed that there had been a second autopsy. Or, he might have had images from the first autopsy, which would also have revealed that alterations were subsequently made to JFK's body. In either case, Pitzer might have been a very dangerous witness, a witness who those behind Kennedy's assassination apparently couldn't control and therefore had to get rid of. And the time of his death seems to have been carefully chosen.

Pitzer was killed on October 29, 1966, and an autopsy was performed on his body on [October 30](#). Stringer was present and took the photographs of Pitzer's wounds. Two days later, on November 1, 1966, Stringer went to the National Archives to view the autopsy photographs of President Kennedy, in order to confirm that those were the autopsy photographs *he* had taken of President Kennedy on the evening of November 22. I guess Pitzer's fate would have made it perfectly clear to Stringer, as well as to Ebersole, Humes and Boswell, who also went to the Archives that day, what would happen to them if they didn't sign the inspection report. And even the third pathologist, Dr. Finck later became involved in Pitzer's death, as he reviewed the autopsy records from that case in January 1968. Thus, it is no wonder that Stringer insists he took the autopsy photographs of JFK, even though he probably didn't take them. Some people may object to things. "But they don't last long".

Earl McDonald, who was trained by John Stringer as a medical photographer and later served as the Bethesda autopsy photographer from 1972 until 1980, told the [ARRB](#) the following about Stringer:

Knowledge of John Stringer: said Stringer would never say anything to his students about the JFK autopsy except: "They took my film away from me and I never saw it again." He said that John Stringer was an award-winning medical photographer, and a very exacting teacher with an almost photographic memory.

If Stringer had a "photographic memory", he would probably have remembered very well what he had seen and done during the first autopsy, particularly as regards the type of film he used and the views he photographed. And his statement to his students may be a hint of what really happened: he never saw the films he had exposed again, i.e. somebody else had taken the autopsy photographs he later saw. Thus, I think we have to look for other photographers of the extant autopsy photographs.

### ***Floyd A. Riebe***

Floyd A. Riebe, who reportedly assisted Stringer on the evening of November 22, claimed in his [ARRB deposition](#) that he had taken a lot of photographs during the autopsy (around 100), both with his own 35 mm camera and with a 4 x 5" camera. Jerrol F. Custer seems to confirm this in his ARRB testimony, in which Custer mentions Riebe taking photographs and gives the impression that he hardly knows who Stringer is. However, Stringer maintains that Riebe took no photographs except a few exposures on a film that a Secret Service agent took from his camera and exposed to light. If Stringer was not present at the second autopsy, and still insists that



Riebe took no autopsy photographs, Stringer probably knows that somebody else did. Or he might only be referring to the first autopsy.

However, I don't think Riebe sounds very credible in his testimony before the ARRB. Riebe stated at the beginning of his ARRB deposition, as he had done on several occasions before that testimony, that he had seen a large gaping hole in the back of President Kennedy's head (some of Riebe's statements on videotape were shown to Stringer during his ARRB appearance, and are present in that [transcript](#)). Furthermore he has claimed that the autopsy photos showing the intact back of the head must have been altered. Yet, when shown these autopsy photos by ARRB staff, Riebe surprisingly claims that they correspond to what he saw during the night of the autopsy.

GUNN: [...] What did you observe on the body?

RIEBE: The right side in the back was gone (indicating). Just a big gaping hole with fragments of scalp and bone hanging in it.

Q: When you said that, you put your hand on the back of your head.

RIEBE: The occipital.

Q: The occipital area?

RIEBE: Yes.

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Q: Do those images [of the right side of the head and right shoulder] correspond, at least in a general way, with what you observed at the autopsy of President Kennedy on November 22nd?

RIEBE: Yes.

RIEBE: Well, the wound is placed different, but it could be just a - the wound is more on the top side of the head, not in the back.

Q: When you say, "the wound," you are referring to the wound as it appears in the photograph -

RIEBE: Yes.

Q: - is in a location somewhat different from what you recollected from memory?

RIEBE: Well, it could be just - yes. I couldn't - my recollection could have been off too, whatever, that night. But that looks about right.

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Q: Could you look at the back of President Kennedy's head in the occipital region. You previously used the term "occipital," is that right?

RIEBE: Yes. It is one piece.

Q: Does that correspond with what you observed on the night of November 22nd?

RIEBE: Yes.

Q: So that where it appears, at least to me, as if there is hair and scalp covering the occipital area, that does not differ from what you saw on November 22nd?

RIEBE: I don't think so, no.

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Q: Mr. Riebe, previously you described a wound in the occipital region of the head whereas in these photographs it appears that there is no wound there. What would be your explanation for that?

RIEBE: I just didn't remember it properly.

I think Riebe knows very well that the photographs are different from what he saw on JFK's body during the (first) autopsy, but Riebe strongly wants to be remembered as a person who took some of the autopsy photographs of President Kennedy. So I think he adjusts his memory and testimony to what the official photos show and lies about his role in taking those photographs. Thus, I don't believe he was present during the second autopsy, even though he has a recollection of JFK's body arriving in the morgue in a body bag in a "very plain, inexpensive type casket".

There are, however, some testimonies that indicate that a 35 mm camera was used during the autopsy, just as Riebe claimed he used. Thus [Karnei](#) told ARRB:

He [Karnei] remembers that John Stringer was photographing the autopsy, and that Stringer used both an old-fashioned type camera that required the use of film-holders for individual sheets of film, and also a 35 mm camera. (He could not remember whether Stringer used a tripod the night of the Kennedy autopsy.) He said that there was a second person taking photographs also, whom he

initially described to ARRB staff as an FBI or Secret Service agent, and that this person used a different (second) 35 mm camera (separate from Stringer's).

However, according to Karnei, both the principal photographer, 'correctly' described as Stringer, and the second photographer, who might have been Riebe, were using a 35 mm camera. Moreover, [Boswell](#) told HSCA staff that the "professional" photographer, a designation he hardly would have used about Riebe, might have used a 35 mm camera. It is also noteworthy that Boswell says that both color and black and white photographs were taken.

Dr. BOSWELL indicated that he believed the professional photographer may have had a black and white in addition to a color camera in the room, most probably a 35 mm type.

### **Robert Knudsen**

According to White House photographer Robert Knudsen's [family](#), Knudsen had told them that he had been the only one to photograph President Kennedy's autopsy, and this had been the hardest thing he had ever done. Knudsen had allegedly gone to Andrews Air Force Base and accompanied the body to Bethesda on the evening of November 22nd. The family had not seen Knudsen from Friday afternoon till after the funeral on Monday afternoon, with the exception of Saturday, when they had gone to the East Room of the White House where JFK's casket was lying in state. Knudsen was taking photographs in the East Rom that day.

According to the ARRB summary of their conversations with the widow and children of Robert Knudsen, he had later told his family that:

-he witnessed and photographed probes inserted in the President's body, which left no doubt of the number and direction of bullet trajectories; son Bob thought that his father had described 3 probes in the body (2 in the thorax/neck, and one in the head);

-although none of the family remembers any discussion of type of camera, film, format of film, or number of pictures taken, they all claimed their father told them that he was the only one in the morgue with a camera, and believed he was the only person to photograph the autopsy;

-the Secret Service took his film from him as soon as he had exposed the various pieces of film, which he thought strange, since he was personally acquainted with the agent and thought that the agent trusted him;

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-after he appeared before the HSCA in 1978, he told his family (at different times) that 4 or 5 of the pictures he was shown by the HSCA did not represent what he saw or took that night, and that one of the photographs he viewed had been altered. His son Bob said that his father told him that "hair had been drawn in" on one photo to conceal a missing portion of the top-back of President Kennedy's head;

-Mrs. Gloria Knudsen said that her husband Robert had told her that the whole top of the President's head was gone, and that the President's brain(s) were largely missing (blown out);

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- all 3 family members agreed that Mr. Knudsen appeared before an official government body again sometime in 1988, about 6 months before he died in January 1989. They all had the impression that it was "on Capitol Hill," and that it may have been a Congressional inquiry of some kind. They were unanimous that Mr. Knudsen came away from this experience very disturbed, saying that 4 photographs were "missing," and that one was "badly altered;" Mrs. Gloria Knudsen used the phrase "severely altered" regarding the one altered photograph when recounting her husband's statements afterwards. She further elaborated that the wounds he saw in the photos shown him in 1988 did not represent what he saw or took. He also told them that some of the details in the room in the background of the photos were "wrong." He had recounted that this experience was a waste of time for him because as soon as he would answer a question consistent with what he remembered, he would immediately be challenged and contradicted by people whom he felt already had their minds made up;

-Mr. Knudsen expressed skepticism with his daughter Terri over the years about the conclusions of the Warren Report in regard to the President's wounds and the manner in which he was shot, because of the observations he had made the night of the autopsy;

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Without naming names, or telling me the precise number of her husband's former associates that she called, she said that she [Gloria Knudsen] spoke last week with some former Navy people who in one case (along with her husband, Robert Knudsen saw, and in another case helped Robert Knudsen print, photos of President Kennedy's autopsy. She said that these former Navy people said they never directly asked Bob Knudsen whether he had been present at the autopsy, and he never volunteered such information either, but that from certain remarks he had made, and by evaluating the quality of the photographs, these people were of the belief that he may well have been present at the autopsy. When I asked her for the names of these former Navy people, she said that she had promised these people last week not to divulge their names, and consequently would not do so under any circumstances.

Another government photographer, Joe O'Donnell of US Information Agency, told [ARRB](#) that Knudsen had shown him autopsy photographs of President Kennedy on two separate occasions shortly after the assassination. ARRB made two telephone interviews with O'Donnell and his recollections differs slightly in the two interviews. The summary from the first interview states:

- Within the week after President Kennedy's assassination, on two occasions Robert Knudsen showed him autopsy photographs of President Kennedy.
- On the first occasion, he was shown approximately 12 ea 5" X 7" B & W photos. The views included the President lying on his back, on his stomach, and closeups of the back of the head. He said that the back-of-the-head photograph(s) showed a hole in the back of the head, about 2" above the hairline, about the size of a grapefruit; the hole clearly penetrated the skull and was very deep. Another one of the photographs showed a hole in the forehead above the right eye which was a round wound about 3/8" in diameter which he interpreted as a gunshot wound.
- The second occasion occurred a few days later, when Knudsen showed him a second set of photographs, once again about 12 ea 5" X 7" B & W prints. On this second occasion, the back-of-the-head photograph(s) was intact, and showed no hole in the back of the head. Instead of a hole, he remembers seeing neatly combed hair which looked slightly wet, or damp in appearance. Another photograph he remembers showed President Kennedy lying on his back, with an aluminum probe emerging from his stomach or right side (details were vague).
- He said it was his impression that Knudsen had taken the photographs himself, but that he had never specifically asked him that question. He said he never discussed with Knudsen the apparent discrepancy between the two back-of-the-head photos.

In the second interview O'Donnell provides some more details about what Knudsen showed him:

- First Viewing: He said Knudsen showed him about 12 each B & W glossy prints, about 5" X 7" in size, which were post mortem images of the President. He said the images were quite clear and that he assumed they were first generation prints. He said some images were close-ups of the head, some were close-ups of the shoulders, and that some were views of the entire body. He said that in some images the President was lying on his back, and in some images he was lying on his stomach. He said he remembers a photograph of a gaping wound in the back of the head which was big enough to put a fist through, in which the image clearly showed a total absence of hair and bone, and a cavity which was the result of a lot of interior matter missing from inside the cranium. He said that another image showed a small round hole above the President's right eye, which he interpreted as an entry wound made by the same bullet which exited from the large wound in the back of the head.
- Second Viewing: At a subsequent private viewing, he said Knudsen showed him approximately 6 to 8 (and no more than 10) additional glossy B & W prints of post mortem photographs of President Kennedy, in which the small round hole above the right eye was no longer visible, and in which the back of the head now looked completely intact. He said that the appearance of the hair in the 'intact back of the head' photograph(s) was wet, clean, and freshly combed. His interpretation of the differences in the photographs of the President's head was to attribute the differences to the restorative work of the embalmers.

Mr. O'Donnell was asked whether he ever discussed the photographs with Mr. Knudsen, either during the viewings or afterwards, and he said no --he felt privileged just to be able to see them, but that they were so disturbing that he didn't want to see them or think about them anymore.

We notice that O'Donnell saw two wounds in the 'original' photos, a smaller one above the right eye and a large wound in the back of the head, both of which had been removed from the final versions (probably by retouching), just as Knudsen had indicated to his family. We also notice that the small wound in the forehead above the right eye is similar to the one Dennis David had viewed in the images Lt. Cmdr. Pitzer had shown him at Bethesda a few days after the autopsy. The small wound above the right eye was neither seen at Parkland nor by the majority of witnesses from Bethesda.

As mentioned previously, this seems to be a wound created before the second autopsy, probably to show an exit to the bullet the pathologists claimed had hit Kennedy in the back of the head. Such a small wound, if it had existed, could easily have been overlooked by the medical personnel at Parkland, so the autopsy findings wouldn't have contradicted the observations at the hospital too much. However, there were other witness observations from Dallas, indicating an 'explosion' of the head, and a small exit wound wouldn't have been compatible with those. So the pathologists and their supervisors might have decided to show a much larger exit wound in the top of the head, which we know from the extant autopsy photographs. The small wound above the right eye was therefore probably made invisible again by retouching. Anyway, the presence of the wound above Kennedy's right eye in Knudsen's autopsy photographs shows that these images originated from the second autopsy. We may also notice that the body was indeed lying on the stomach in some of the photos, i.e. the upper part of the body was not propped up by the pathologists.

As mentioned earlier, Knudsen went to the Naval Photographic Center, Anacostia together with Agent Fox, a short time after the assassination and developed black and white film from the autopsy, while Madonia developed the color film for them. A little later they went back and allegedly made 7 sets of color prints from the color negatives. In his testimony before the [HSCA](#), Knudsen only admits having viewed the images on the films briefly when developing the films or making color prints. Yet, he has a fairly detailed recollection of what some of the images depicted. In the beginning of his testimony, Knudsen is very reluctant to reveal any details of what he saw because he had been sworn by the Secret Service not to disclose any information regarding the autopsy photos.

PURDY: Did you have a chance at any time to examine the prints closely enough that you now have a recollection of what they showed?

KNUDSEN: Oh, yes.

Q: When did you examine them that closely?

KNUDSEN: At the time that I was examining for technical quality, a lot of things were apparent.

Q: What things stick in your mind about those prints? What do you recall seeing?

KNUDSEN: Well, it was a close-up of a cavity in the head. Probes through the body --

Q: Where did the probes go through the body?

KNUDSEN: From the point where the projectile entered to the point where the projectile left.

Q: Where were those two points?

KNUDSEN: I did not say they were two points.

Q: You said the projectile.

KNUDSEN: From the entry to the exit.

Q: Where were the entry and exit points?

KNUDSEN: Here, again, I have a mental problem here that we were sworn not to disclose this to anybody. Being under oath, I cannot tell you I do not know, because I do know; but, at the same time, I do feel I have been sworn not to disclose this information and I would prefer very much that you get one of the sets of prints and view them. I am not trying to be hard to get along with. I was told not to disclose the area of the body, and I am at a loss right now as to whether -- which is right.

Q: Was it a Naval order that you were operating under that you would not disclose?

KNUDSEN: This was Secret Service. To the best of my knowledge, Dr. Berkley also emphasized that this not be discussed.

Q: Do you remember seeing rulers in the photographs or anything other than the body itself?

KNUDSEN: Yes.

Q: What other things besides the body did you see, other than the rulers?

KNUDSEN: What appeared to be stainless steel probes.

Q: About how long were they?

KNUDSEN: The probes?

Q: Yes.

KNUDSEN: I would estimate about two foot.

Q: Was there one probe that you saw through the body, or were there more than one?

KNUDSEN: More than one. Here again, we are getting into this grey area of what I was instructed not to discuss.

Only after a telephone conversation with Robert Goff, the General Counsel of the Secret Service, is Knudsen willing to reveal a little more of what he saw. Knudsen says he saw at least two metal probes through the body, one in the neck region and one further down, going from the back and out through the chest. Knudsen keeps saying that he just got a quick glance at the images when examining them for technical quality. According to Knudsen, the probe through the neck went in a slightly downward direction front to back. And Knudsen is obviously not so certain that the wound in the back of the neck was the entry point. Only when viewing the autopsy photos does he admit that the upper probe went through the tracheotomy wound. According to Knudsen the wound in the back (posterior thorax) was about 10 inches below the wound in the back of the neck (in the *front of the chest* the probe was 6-7 inches lower than the probe through the (tracheotomy) wound in the throat).

PURDY: Of the probes [sic; probes] that you recall, where did they enter and where did they exit?

KNUDSEN: One was right near the neck and out the back.

Q: The front of the neck and out the back of the neck?

KNUDSEN: The point of entry-exit.

Q: The metal probe extended from the front of the neck to the back of the neck?

KNUDSEN: Right. One was through the chest cavity.

Q: Did it go all the way through?

KNUDSEN: Yes. It seems to me that the entry point was a little bit lower in the back than -- well, the point in the back was a little bit lower than the point in the front. Put it that way. So the probe was going diagonally from top to bottom, front to back.

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KNUDSEN: Right about where the neck-tie is. That would be somewhere in that vicinity.

Q: Approximately how much lower than that would you say the other probe, which went through the chest cavity?

KNUDSEN: I would put it six, seven inches.

Q: Was it opened or closed in the photograph?

KNUDSEN: It was a side view. I just glanced at it to make sure.

Q: From the side view, you saw both probes?

KNUDSEN: Right.

Q: Where would you place the points of the probes in the back? You say one was in the neck, one was in the back. Approximately how high up, or how low?

KNUDSEN: I would put in the back -- it would seem to me it is probably around ten inches. There, again, I do not recall the length of time. I cannot say.

Q: You were kind of pointing to the middle of your back, about midway down, you would say?

KNUDSEN: Midway between the neck and the waist.

Q: Where was the other probe?

KNUDSEN: This one --

Q: You just indicated where the probe came out, on the lower --

KNUDSEN: Somewhere around the middle of the back. It seemed to me it was right around midchest.

Q: The probe that you said you could see coming out of the neck, the front of the neck, where was it out of the back of the neck? How high up would you say that one was.

KNUDSEN: About the base of the neck.

Q: Was the body lying flat, or sitting up or lying on its front when you saw the probes through it?

KNUDSEN: It would have to be erected to put the probes through, because on the back there was no way.

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Q: Was there, in any of the photographs, a photograph showing a metal probe through the head?

KNUDSEN: No, not to my knowledge. To my knowledge, the only photograph of the head was to show the wound in the right rear of the head there, a little right of center.

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Q: Referring to Photograph No. 40F ["Anterior view of upper torso and head showing tracheotomy wound], showing the front of the President, including the front neck region, do you see a point on the President which would correspond to one or more of the locations of the probe that you recall?

KNUDSEN: Right here (Indicating.)

Q: Could you articulate it?

KNUDSEN - Right here -- the neck -- where the necktie would be tied.

Q: Let the record show that the witness is pointing to the tracheotomy incision at the front of the President's neck. Is it your recollection, also, that there was a probe lower than that area? Is that correct?

KNUDSEN: That is correct.

Q: Looking at this photograph, approximately how much lower? Was it at a point that would not be visible in this photograph?

KNUDSEN: I am beginning to wonder now. I do not see anything here. But it is in the back of my mind there was a probe through the body.

Q: Is it your present recollection that the body was not opened up in the chest area, or could you not tell whether it was opened up, or was it definitely not open in the picture that you recall but do not see here?

KNUDSEN: There again, I was looking quickly for quality. I did not study it. But I do not recall seeing any photograph of the chest being opened.

Q: Do you think it is something you would remember, if the President's chest was cut and opened up?

KNUDSEN: Yes.

When Knudsen is allowed to view the color photographs from the autopsy, he states, contrary to what he told his family, that they are not inconsistent with what he saw when he developed them. But he is absolutely certain that a photo (side view, right profile) showing two probes through the body is missing, even though he claims that he only saw the negative of that (black and white) image when developing the film. When challenged repeatedly about this memory by Mr. Purdy, Knudsen keeps telling him that he saw an image (negative) showing two probes through the body.

KNUDSEN: No. It is just in the back of my mind I am certain that there is the one shot of the body erect, two probes through it, and I processed the black and white. I hung it up. I just quickly went down it to make sure I had everything there.

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KNUDSEN: [...] As to that, I am certain the black and white negatives was one with the body sitting up with the probes through it. I do not know. I honestly do not what to say now if that one is missing. It is in the back of my mind, in fact, even to the point that it was the right profile. The body was sitting up, and looking at the right side profile.

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KNUDSEN: The only reason I say I thought it was a metal probe, in my recollection, it was a rod. Twenty-four inches long, probably; three-eighths of an inch diameter. It appeared to be aluminum [sic], stainless steel.

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KNUDSEN: I do not know why that one sticks in my mind. A right profile of the body. It would seem to me that if it were, as I am sure that it was, that there would have been something in the autopsy report as to the probes, and I cannot conceive in my mind why I would feel that this negative did have it. [...]

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KNUDSEN: Jim [Fox] is the one who apparently printed the black and white. I know the black and white did not go into the Photo Center for printing, so I would assume that Jim did it. Why this sticks in my mind, that there was one with these two probes through the body that nobody else recalls, it puts a question in my mind, and yet -- but I could not imagine where I could get the idea from, if I had not seen it. And yet it is starting to bother me now that there is nothing in the autopsy about it. Certainly that would be in the autopsy, if it were true. At this point, I wish I had studied the negatives rather than glance at them. At this point, I am confused why it sticks in my mind so strongly that there was this photograph, yet nobody else recalls it, and it is apparently not in any



report. If it is not in any report -- I cannot conceive why it would not be in the report. If it were there -- it is really bothering me as to why it does stick in my mind so much.

I guess the reason why Knudsen is so certain about the picture showing two probes through the body, and even being able to tell the length and diameter of the probe(s), is that he took that photograph himself during the second autopsy, just as he told his family ("he witnessed and photographed probes inserted in the President's body, which left no doubt of the number and direction of bullet trajectories").

Knudsen told the HSCA that: "To my knowledge, the only photograph of the head was to show the wound in the right rear of the head there, a little right of center", which might indicate there was no massive wound in the top of the head in the pictures he saw or took. But I think he is referring to photographs of the rear of the head supposedly showing the wound of entrance to the right of the external occipital protuberance. Thus, he told his wife "that the whole top of the President's head was gone, and that the President's brain(s) were largely missing (blown out)". And when viewing the autopsy photographs during his HSCA testimony, he found the pictures to be consistent with what he had seen in the original photos. Hence, I believe Robert Knudsen took the original photographs during the second autopsy, but 4 or 5 of those original images were later altered, and at least one of them disappeared (the one with two probes through the body).

Knudsen's firm belief that the photographs were altered, as expressed to his family, might be related to the fact that he not only viewed the original photos but JFK's body itself when taking the photographs. That 4 or 5 photos (views) had allegedly been altered corresponds to reversing the "top of the head"-, "upper back"- and "back of the head"-photographs left to right, and removing the wound above the right eye in the "frontal view"- and "right side of head"-photographs. The major alterations mentioned by Knudsen probably relate to hiding the large hole in the back of the head by retouching.

As mentioned previously, Knudsen used "the morning after the autopsy" rather than a specific date when referring to the time he and Fox went to NPC to develop the films. The day after the first autopsy, on Saturday, November 23rd, Knudsen was allegedly in the East Room of the White House taking photographs of President Kennedy's casket and the dignitaries that came to the room to pay their respect. This was confirmed by his family who met him there. Knudsen might have managed to go to the NPC to develop the films before he started his work at the East Room (according to Knudsen, the work at NPC took about two hours), but I think it is much more likely that he actually refers to the second autopsy, and the morning after that event would have been Sunday morning. When asked by Mr. Purdy if he returned the developed films in the morning or afternoon that day, Knudsen answers:

KNUDSEN: I could not tell you, because I had been up all night. From the assassination right on, we worked right on through that night through the following day and the next night. Hours, I could not tell you.

Thus, Knudsen had been up all night before he took the films to NPC. In fact, he had been up both the night between Friday and Saturday and between Saturday and Sunday. And during the second of these nights I think he took the autopsy photos during the second autopsy. This is further supported by Knudsen's claim that they made the color prints within four days after the assassination, i.e. before the funeral on Monday. And Madonia at NPC remembered a lot of activity during the *weekend* after the assassination.

PURDY: When was your next contact, or the next time you had information about these autopsy negatives?

KNUDSEN: The next time was when they needed seven sets of prints.

Q: When was that?

KNUDSEN: I do not recall the exact time.

Q: Approximately when was that?

KNUDSEN: It seems to me that it would have been a day later; that four days is a complete jumble in my mind. I cannot remember the sequence of it.

Q: The four days between the assassination and the funeral.

KNUDSEN: Yes.

Thus, Knudsen seems to say that he and Fox developed the films on Sunday (the morning after the second autopsy), and that he went back to make seven sets of prints the day after that (on Monday), but apparently before the funeral that afternoon.

The fact that Knudsen went to NPC to develop the autopsy films and make color prints, also strongly indicates that he actually took the photographs. James Fox was also a photographer, and he could probably easily have developed the black and white films at his Secret Service laboratory (as he might have done with the first set of black and white negatives, if there ever were such negatives). So why couldn't Fox have gone to NPC on his own to develop the black and white films while waiting for someone else there to develop the color film? I would think they wanted Knudsen to develop the black and white films because he had exposed them and knew exactly how they ought to be processed to get the best images. But apparently they didn't trust Knudsen completely, so they sent Fox along with him.

Another indication that it was Knudsen rather than Stringer who took the second set of autopsy photographs comes from statements of Dr. Finck. In his personal report about the autopsy to his superior Brig. Gen. Blumberg (and in his testimony before the HSCA) Dr. [Finck](#) refers to the photographer present at the autopsy and the supplementary brain examination as a "Navy photographer":

I help the Navy photographer to take photographs of the occipital wound (external and internal aspects) as well as of the wound in the back.

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Humes, Boswell and myself examined the formalin fixed brain. A US Navy photographer was present.

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COLOR AND BLACK AND WHITE PHOTOGRAPHS are taken by the US Navy photographer : superior and inferior aspects of the brain.

The designation "Navy photographer" may apply to Stringer, who at that time was a civilian employed by the Navy, but even more so to Robert Knudsen, who was indeed a Navy officer.

And why would Rear Admiral Burkley and the Secret Service use Knudsen rather than Stringer to take the photographs during the second autopsy? I think the main reason was that Stringer was a civilian, whereas Knudsen was a Navy Chief Petty Officer closely associated with the White House and the Secret Service. They may have thought that Knudsen would be easier to control than Stringer. And according to what his [wife](#) told the ARRB, Knudsen was a man who could keep secrets.

She somewhat cryptically reminded me that her husband was a man who did not talk much, and who very reliably could keep secrets, and told me that sometimes people in the military are required to "take secrets to the grave" with them, when ordered to do so by competent authority, regardless of what attempts are later made to get them to talk. She told me her husband had impressed upon her that his loyalty was to the Presidency as an office and institution, not to any particular office-holder (without elaborating on what this meant).

It would perhaps have been more difficult for Stringer to explain to his family that he had to work two nights in a row taking photos of President Kennedy's autopsy. Yet, they couldn't do without the cooperation of Stringer later, since he had to assume responsibility for taking the photographs that Knudsen probably took, if the existence of a second autopsy was to be kept secret.

So, even though Knudsen allegedly liked President Kennedy, he seems to have been more fond of his job as White House photographer and kept quiet about what he knew. And he probably didn't dare to do otherwise. Thus, his wife indicates that Knudsen knew who had removed or destroyed some of the photographs, but he didn't dare to do anything about it.

She told me that her husband told her on one occasion that he knew who had previously had custody of the autopsy photographs, and that he therefore could deduce who had been responsible for some of them disappearing, but that he was not going to stick his neck out on something this

big, because he had a family to protect. She also reiterated her husband's firm belief that the photographs of the back of the head which show it to be intact were forgeries.

It is also possible that Robert Knudsen was involved in altering the photos that he apparently had taken. The fact that he showed photos to O'Donnell both before and after the alterations had been done, indicates that he might have been involved in doing the retouching that he claimed had been done. And his strong belief that the photographs had been altered, might simply stem from the fact that he had done the job himself. And perhaps it was Knudsen who intentionally let the scar on the right side on Kennedy's nose still be visible in the reversed autopsy photos, just to leave us a trail. He certainly must have known about that scar from his close contact with JFK as a White House photographer.

## EVIDENCE OF A SECOND AUTOPSY FROM THE TESTIMONIES

The most reliable account of what happened during the autopsy on November 22nd is clearly the [report](#) prepared by the two FBI agents Francis O'Neill and James W. Sibert. They have also provided additional information in some memorandums ([O'Neill and Sibert; Sibert](#)) in their affidavits to the HSCA ([O'Neill; Sibert](#)), and in their depositions before the ARRB ([O'Neill; Sibert](#)). Of particular importance was their recording of the names of everybody they observed attending the autopsy. However, it seems as if O'Neill and Sibert left the autopsy room at Bethesda around midnight on November 22nd/23rd, i.e. long before the embalming and reconstruction of the President's body by the morticians had been completed around 4 a.m. When testifying before the ARRB, the two agents had conflicting statements as regards the time they left the morgue. Sibert clearly stated that they left around midnight:

GUNN: What is your best recollection of the time that you left Bethesda on the night of November 23rd - 22nd/23rd?

SIBERT: I would say it was sometime between 11:00 and midnight. That's about as near as I can place the time. My Bureau car was out at Andrews, and so was O'Neill's. We had to get transportation into D.C. and we had to hand carry this down to the laboratory.

Q: When you say "hand carry this", you're referring to -

SIBERT: The two fragments in this little jar. We turned those over to Bob Frazier down there at the lab.

And then we had to have a clerk drive us out to Andrews Air Force Base from Bureau headquarters. And I got in at 4:00 o'clock there at my residence in New Carrollton, Maryland.

So, that was the sequence. So, I would say it was between probably 11:00 and midnight that we left Bethesda.

This receipt - I guess, you'll get into that "missile" later on.

But this receipt, we signed it. And we assumed that for all practical purposes, the autopsy was over with, and the body would be turned over to the Gawler Funeral Home attendants that were there on the scene.

We got their names, so, they had to be there.

Q: What was taking place with the body at the time that you left? Were the autopsy surgeons still there? Had Gawler's started working on the body? What was happening?

SIBERT: Well, the autopsy surgeons were still there. I mean, Boswell, Humes, and Finck. But, of course, we were interested in getting this evidence and getting it over to the lab.

[...]

I don't recall much activity, because they were getting things together, Boswell had been making some drawings there. And Humes had his notes and material. And I think it was sort of a summation getting together, the receipt and all that, and the photographs and the packs of film and X-rays.

Q: But it was your impression that the autopsy had been completed?

SIBERT: Yes.

Q: And were people from Gawler's doing anything with the body at the time that you left?

SIBERT: Not that I can recall. I don't recall them starting to wheel the body out or anything like that.

If we had thought there was any more to go on in the way of an autopsy, why, O'Neill and I wouldn't have left. It wasn't necessary that we rush over to the lab. We figured that was the termination of the autopsy.

O'Neill, on the other hand, is somewhat vague as to the time he and Sibert left Bethesda. He indicates that he watched most of the reconstruction of the body:

GUNN: Is it your understanding that you were present through the time that the autopsy was completed?

O'NEILL: Totally and absolutely.

Q: What was the last thing that you saw done to the body by the autopsy doctors?

O'NEILL: Well, the body was turned back on over.

Q: Onto the back, or from -

O'NEILL: From the back to the front. So, now we have the body lying there. Let's see. I'm trying to figure out who did the washing, and who did the- There was some washing to begin with. But I mean, the- totally at the end.

The last thing I recall them doing, they were taking off their gloves and calling in the morticians to complete the procedure which they have to perform on the body.

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O'NEILL: [...] I do recall the people coming in later-- the funeral home, fixing it up to the point where it looked like in good shape. I mean, it looked in good shape. But I don't recall the doctors doing anything further to the body, once they had turned it on over.

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GUNN: Approximately what time, to the best of your recollection, did the autopsy itself conclude?

O'NEILL: Physically, the autopsy concluded somewhere shortly after midnight, I believe it was. In that general area. Now, I don't- can't be too much more specific. Maybe 12:15. Maybe 1:00 a.m. But it was over and done with.

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O'NEILL: So, I would say that the- We called up immediately upon getting, I believe, back out to Andrews. Or maybe we called from the Bureau--called from the Bureau back to Baltimore to discuss it. So, it had to be that way.

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GUNN: So, that was just a telephone call to Baltimore?

O'NEILL: That's correct. From Bureau headquarters.

Q: And was the autopsy completed at the time you made the call to Baltimore [a call to give a brief summary of the autopsy before a teletype with the results from the autopsy was sent about 2 a.m.]?

O'NEILL: Totally. The body was dressed.

Q: About how long were people from Gawler's working on the body, as best you can recall?

O'NEILL: Oh, let me see. They drained what was left [of] the blood. I remember they put in whatever substance-- formaldehyde or something like that. I believe they took out the eyes, if I'm not mistaken. What happened to them, I wouldn't know. Let me see. They covered up the throat. I don't know what procedure they used, but they did that. They powdered the body. I'm sure of that. I know that. I know they shaved it also. Even put underwear on it. By the way, the valet went to the White House to get clothes for his body. A blue striped suit, dark tie.

And that was the condition of the President-- ex-President when we left. He was in a suit. He was in a casket. This was the second casket he was in, now, which was brought in by General Wehle.

Q: During the time that work was being done on the skull-- where there was the damage to the skull, did you watch that work being done?

O'NEILL: Just a very short procedure. From our point of view, the autopsy was totally over and completed

This was something which we put in there from a peripheral point of view. This was just there. These people came in. They did this, they did that, et cetera. But the autopsy was totally completed.

The doctors were then-- I think it was Humes was writing his protocol at the time. To my knowledge, he never-- he never went back to the body while Jim and I were there.

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GUNN: Okay. But they [the pathologists] didn't go back with-- or do anything further with the body?

O'NEILL: I never saw them. No, they-- Because the people from the funeral home were working on it.

Q: Okay. And at the time that you left the hospital, it was your understanding that the work on the body had been totally completed by Gawler's, and it was-- the body was back in the casket?

O'NEILL: To my knowledge, the body was totally completed by then. In fact, they were waiting for Mrs. Kennedy and Bobby Kennedy to come down to view the body.

Q: Did you see what the people from Gawler's used to reconstruct the head at all? Any procedures or -

O'NEILL: No, I don't recall that. I must have seen it at the time, but I was-- You know, to me, from my general experience and from my investigative experience, the autopsy was totally completed.

The doctors took off their gloves. They left them on the table. They walked into another room— I mean, another section of the room. To me, that's over and done with.

In an affidavit he prepared for the [HSCA](#), however, O'Neill stated they left before the body was dressed:

I did not discuss any autopsy procedures with the embalmers. I last saw the body just prior to the dressing, after the morticians were through.

In a personal [note](#) about the assassination O'Neill had prepared for the ARRB, he describes the preparation of JFK's body by Gawler's. However, he does not specifically state that he made those observations himself, like he does when describing the autopsy procedures he definitely attended. And Jacqueline and Robert Kennedy did not view the President's body until the casket had arrived in the East Room of the White House.

The autopsy being finished members of the Gawlers funeral home were allowed in to prepare the body for burial. Cosmetically, when they finished with the body, it appeared as if JFK was sleeping. The head wound and the neck procedure had been covered, the body dressed, even as to underwear, the eyes closed, and awaited Mrs. Kennedy for viewing. She and Bobby came and left after a short time at the casket.

A FBI [memorandum](#) from Rosen to DeLoach dated June 2, 1966, dealing with the discrepancies between FBI's reporting of the autopsy findings and the official autopsy report, states the following about the presence of the two agents at Bethesda:

The article [in *Washington Post* on 5/29/66] further alleges that the Agents attending the autopsy obtained their information based on hearsay and that the Agents left the autopsy before the doctors had completed their examination. Both statements are false. Our Agents obtained their information from the head pathologist and remained in the autopsy room until the physical examination was completed.

From this statement it seems clear that the agents left after the examinations by *the doctors* had been completed, i.e. around midnight. Although O'Neill generally appears to be a very credible witness in his ARRB deposition, I don't think he is telling the truth about being present in the morgue observing the embalming and reconstruction of the body until it had been laid in the casket. Then the two agents would have had to stay until about 4 a.m., at which time Sibert said he was back home.

So I think Sibert's version is correct, i.e. the two FBI agents left the autopsy room around midnight, and went to the FBI Laboratory at Bureau headquarters with the bullet fragments that had allegedly been recovered from the brain. Hence, when they left the morticians had barely started with the embalming procedure. According to mortician [Hagen](#), the embalming lasted until 3 a.m., and the reconstruction did not start until the embalming was completed. Mortician [Robinson](#) also told ARRB that embalming was done before the reconstruction.

However, I don't think there is anything sinister about O'Neill's edited version of what he did at the completion of the autopsy. I guess he has realized it was a grave investigative mistake to leave the autopsy room before the President's body had left Bethesda for the White House. So he wants to cover up that mistake. That is why he states several times that from their point of view the autopsy was "totally completed" when the morticians entered the morgue. But apparently he is concerned that the doctors might have gone back to the body and continued their examinations after he and Sibert had left Bethesda.

However, I don't think the three pathologists did much to JFK's body between the time the FBI agents left around midnight and the time the casket left for the White House about four hours later. The Kennedy aids and family were still around and they might have turned up in the autopsy room at any time. Moreover, there are no indications in the testimonies of the morticians that any further examination of the body took place, except perhaps a probing of the tracheotomy wound in the neck. Thus, mortician [Robinson](#) told the ARRB that he remembered a probe being used through that wound and a wound high in the back of the neck, and he also had got the impression that the tracheotomy wound was an exit wound. Such a probing does not seem to have been performed during the autopsy itself (only probing of the back wound), nor was there any suggestions from the doctors to the audience at that time that the tracheotomy wound was an exit wound.



- Tracheotomy: Robinson remembered the tracheotomy wound in the anterior throat. In his opinion that wound also represented an exit wound for a bullet.
- Use of Probes: Robinson had vivid recollections of a very long, malleable probe being used during the autopsy. His most vivid recollection of the probe is seeing it inserted near the base of the brain in the back of the head (after removal of the brain), and seeing the tip of the probe come out of the tracheotomy incision in the anterior neck. He was adamant about this recollection. He also recalls seeing the wound high in the back probed unsuccessfully, meaning that the probe did not exit anywhere.

The major implication of the rather early departure of O'Neill and Sibert from the autopsy room at Bethesda, is that their list of persons attending the autopsy, is in fact, precisely that, but does not include persons that might have been in the autopsy room and viewed the body later that night. That complicates the matter somewhat as to finding out who were present on each occasion. But when strictly considering witnesses of the autopsy procedures, I still think the report of O'Neill and Sibert is very accurate as to who were present in the autopsy room during the first autopsy until the time the morticians started their work. O'Neill is also confident about this in his [HSCA](#) affidavit. Still, Secret Service agent Hill apparently entered the room without being recorded as having done that:

Sometime during the autopsy, O'Leary and Hill, both of the Secret Service, entered the room.  
If a person wasn't present at the beginning of the autopsy or was listed as having entered later, then he didn't witness any of the autopsy.

According to the FBI report, at least 30 persons, including the 4 morticians, were present at one time or another in the autopsy room from the time the casket was opened until the morticians started their work. Years later, however, at least three more persons (Bird, Karnei, Lipsey) were identified as being present at the autopsy.

When reading the testimonies and interviews of the autopsy witnesses, one notices that they fall into two categories as regards the nature of the wounds; those largely corroborating the official autopsy report and those largely consistent with the descriptions from the medical personnel at Parkland Hospital. One also notices that some autopsy witnesses have reported events or facts from the autopsy that are completely in disagreement with what the majority of witnesses has reported. Have these witnesses simply made up some incredible things in order to sell their story? Do they have a completely faulty memory of what happened that night? Or do they have a partial memory of something similar that happened another night?

Many of these odd statements didn't make much sense to me when reading them for the first time. However, when I later reread many of the same statements several times in the context of a second autopsy having been performed, a certain pattern emerged and their stories started to make more sense. Surely, none of the witnesses have specifically mentioned that there was a second autopsy. But several of them have implied or indicated that that was what happened by including, intentionally or unintentionally, small bits of information about the second autopsy in their descriptions of the first autopsy. All one has to do in order to extract this information is to take their testimonies and subtract the known facts about the first autopsy, and evaluate the remaining information for credibility.

Based on the names mentioned in the FBI report by Sibert and O'Neill and the testimonies given by many of these witnesses, I think we can group them into three major categories:

***(1) Witnesses who were present only during the first autopsy, either as participants in the autopsy procedures or as observers***

This group can be further divided into those endorsing the official autopsy findings, and those who think these findings are inconsistent with what they saw or heard during the autopsy. Some of those endorsing the official version must have had knowledge of the second autopsy, like photographer John T. Stringer and Adm. Galloway, Adm. George C. Burkley, and Capt. James H. Stover. Some of these Navy officers might even have been present at the second autopsy. The most important in the latter subgroup of witnesses are FBI agents O'Neill and Sibert. Others in that subgroup include laboratory technician James Curtis Jenkins, x-ray technologist Edward F. Reed, photographic assistant Floyd A. Riebe, and the morticians from Gawler's Funeral Home.

The Surgeon General of the Navy, Admiral Edward Kenney (in some documents spelled Kinney or Kenny), seems to belong to this group, even though his name was not recorded by the FBI agents. Anyway, Kenney was at Bethesda that night. The three pathologists have given conflicting statements about Kenney's presence in the autopsy room. Dr. [Boswell](#) told the ARRB he didn't know ("I can't say. I really was tied up in the autopsy, and I was paying no attention."). When interviewed by the Forensic Pathology panel of HSCA, [Humes](#) stated that the Surgeon General of the Navy was present in the autopsy room, but he later told the ARRB that he wasn't ("I can't recall that he was. You know, he might have, again, looked in, stuck his head in the door or something. But I don't recall him being in the room. If he was, it was very fleetingly"). Dr. Finck claimed in his [report](#) from the autopsy to Brigadier General Blumberg, as well as during the [Shaw](#) trial, that Kenney was present. If Kenney actually was present in the autopsy room during the first autopsy, he might have been smart enough to use a pseudonym, namely, Dr. George Bakeman, US Navy, a person who (to my knowledge) nobody has subsequently managed to identify.

**(2) Witnesses who were present during both autopsies**

Here again we have two subgroups. First, we have those in charge of the autopsy procedures, i.e. Drs. Humes, Boswell, Finck and Ebersole. Second, we have the assistants of the aforementioned doctors, mainly younger corpsmen, who just happened to get involved in the autopsies because their services were needed. These include laboratory technician Paul K. O'Connor, x-ray technician Jerrol F. Custer, Chester B. Boyers from the Pathology Department, and Chief of Surgery, David Osborne. Those in the latter subgroup have provided a lot of more or less elaborately hidden information about the second autopsy.

**(3) Witnesses who were present only during the second autopsy**

Their names were of course not recorded by FBI agents Sibert and O'Neill in their report, but some of them have subsequently been identified by other autopsy witnesses as being present at the autopsy. Everybody has assumed that that meant the first autopsy, but that might not be the case. I think Dr. Robert F. Karnei, 2nd Lt. Richard L. Lipsey, Samel Bird, and possibly Lt. Cmdr. William B. Pitzer belong to this group. Photographer Robert Knudsen revealed himself that he might have been present by showing autopsy photographs to others and telling his family that he photographed the autopsy. Among those in this group, Lipsey has provided the most detailed description of what happened during the second autopsy. There might still be others, whose identity has never been disclosed. And a lot of people must have been involved in bringing JFK's body to Bethesda for the second autopsy and in guarding the morgue. But many of those might not have been aware of what was actually going on.

In the following I will try to evaluate the testimonies of some of these witnesses, except photographer Robert Knudsen, who has already been discussed.

***Richard L. Lipsey***

Lipsey was an aide to General Philip C. Wehle, who was the Commanding Officer of the Military District of Washington. Wehle's office was responsible for all the funeral arrangements of President Kennedy. Lipsey was not recorded by Sibert and O'Neill as being present in the autopsy room on the night of November 22nd, but Lipsey apparently contacted O'Neill later and claimed he had been present. From O'Neill's statement to [ARRB](#) it is not clear whether O'Neill actually did see Lipsey in the autopsy room, or merely has accepted Lipsey's claim about being present there. I think O'Neill just refers to Lipsey's story and not to his own observations.

O'NEILL: The Navy personnel had jurisdiction over the operation itself and the autopsy. And the Bureau, from our way of thinking, had the investigative jurisdiction over trying to find out who killed him. So we assumed that jurisdiction without any direction from anybody else.

And that was the reason I kept General Wehle out of the autopsy room. We didn't want anybody in there who was not supposed to be there.

We did, at our own decision— Jim and mine— to send a sheet of paper around to have the people who were in attendance sign it, so that we'd have a general idea who was there. That, by no means, means that we took the names of every single individual who was there, but only those who, to the best of our recollection, were there at the time.

I know there was a gentleman from Dallas. He contacted me many, many— many, many long years later. He was a lieutenant in the Army, I believe. He was an aide to General Wehle, who sat up there in the balcony for most of the time.

But from Lipsey's own [testimony](#) to HSCA there seems to have been few other people in the 'balcony' beside himself and Sam(uel) Bird:

Q: Who else do you remember was in the room?

LIPSEY: I can['t?] remember, like I say, if he was a doctor or an orderly. Other people at particular times cleaned the body, moved the body. Certain things like that. Occasionally somebody would just come into the room, turn around and walk out, one of the hospital staff-type people. But I don't remember who it was. I don't remember, by name, anybody else in the room.

Q: Do you recall anyone else who seemed to be filling the role of you were, observer, but not actually involved in assisting the doctors in any capacity?

LIPSEY: You know that's hard because I seem to recollect one other person in there on occasion, but for the life of me, honestly, I just can't remember who it was. I really don't. Sam and I were sitting to try to be out of the doctor's way and everybody else's way. Immediately away from the table but right there in the chairs as you walk in on the right. I just don't remember the other people who came in around at that time.

Still, Lipsey might have been present in the morgue *after* O'Neill and Sibert had left the scene around midnight November 22nd/23rd, since according to Lipsey he and Wehle accompanied the casket to the White House early Saturday morning:

We led it. Gen Wehle and myself were the first car. If I'm not mistaken, there was a police car in front of us. The hearse right behind us. Then a family car behind that. One or two other cars in the procession. We went back to the WH. We drove up, went into the WH, parked.

We also notice that O'Neill told the ARRB he kept General Wehle out of the autopsy room. O'Neill made a similar statement about this in his [Affidavit](#) before the HSCA:

During the autopsy, I prevented the entry of Major General Wehle, Commander, Military District of Washington, into the room because I did not want anyone in the autopsy room not directly connected with the autopsy or the assassination investigation.

And according to the [FBI report](#), Wehle did not attend the entire autopsy, but only visited the autopsy room for a short period, to make some arrangements.

Major General WEHLE, Commanding Officer of U. S. Military District, Washington, D.C., entered the autopsy room to ascertain from the Secret Service arrangements concerning the transportation of the President's body back to the White House.

Lipsey was questioned about his presence at the autopsy by Purdy and Flanagan of the HSCA in 1978. Both a [summary](#) and a full [transcript](#) from the interview are available. Although Lipsey makes several references to events that occurred during the first autopsy, he fails to remember certain key issues. Here are some excerpts indicating he could not have been present during the first autopsy.

Q: Getting back to the beginning stages of the autopsy, or even before the actual autopsy began, do you recall when the x-rays were taken, the x-rays and photos?

LIPSEY: Yeah, well as far as the exact x-rays were taken, no I don't recall.

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Q: Did the autopsy surgeons discuss among themselves what type of autopsy they would do?

LIPSEY: Not during the autopsy, no.

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Q: Did they have any discussions with anyone else during the autopsy?

LIPSEY: No. Not to my knowledge.

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Q: Do you remember discussions on whether or not there was a tracheotomy incision?

LIPSEY: [Long Pause.] No. I guess anything I do remember something about that -- I remember it would have to come after reading about what went on in Dallas. I just don't remember discussing that.

Q: What have you read about Dallas? About that front neck wound?

LIPSEY: It's been so long. Like I say, I'm glad I hadn't. I'm glad I didn't go back over any articles and read because I don't even remember.

Q: You don't recall whether there was a tracheotomy in the front of the neck?

LIPSEY: Absolutely not.

Q: Well, you say you didn't hear the doctors discuss that. Did you explicitly hear the doctors say that the wound in the front of the neck was caused by a bullet?

LIPSEY: If you want to get down to specifics: no. The only thing I do remember was when they kept talking about the entrance in the back of the neck and looking at the hole in the front of the neck. To the best of my knowledge they were convinced that a bullet came out the front of the neck.

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Q: Let me ask you this: Did they take all the photographs at the beginning or did they take some during the course of the autopsy?

LIPSEY: [Long pause] Once again, I don't know. I just don't know.

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Q: Do you remember any of the autopsy doctors arriving at the autopsy later than the others?

LIPSEY: No, I don't.

Q: Do you remember any of the autopsy doctors probing any of the wounds?

LIPSEY: Not, no, I really can't say. They were doing everything so I don't... I can say they must have, I'm not going to say they did. I remember, the wounds, looking for the bullet, were their primary concern.

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LIPSEY: The bullet has penetrated. It went into his skin. There was evidence of it inside his body. It had penetrated the body. There was no way it could have fallen out.

Q: Was there any discussion because of external cardiac massage from the front when he was face up it could have fallen out?

LIPSEY: No. There was no discussion of that that I recall.

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Q: Do you remember the presence of any federal agents in the room?

LIPSEY: No, I don't.

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Q: Do you remember any messages being sent into the room by the Kennedy family or anybody with the Kennedy's?

LIPSEY: No.

Q: Do you remember Adm. Burkeley being present at the autopsy?

LIPSEY: Everybody, to my knowledge, in that room besides Sam Bird and myself had on a medical gown. And so, if he was,.... [Lipsey changing tape] ....

LIPSEY: If there was anybody -- 20 minutes to 1:00, I'm starting again. If there was anybody else in the room, Admiral or who, he was dressed as a doctor and not as an officer, that I can recollect. I don't remember if he was in the room or not. No, I don't.

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Q: Do you remember anyone in effect taking attendance of who was present, circulating a list?

LIPSEY: No, I do not. Now I'm not going to say they didn't, but I don't remember.

As to the autopsy Lipsey did witness, he gives a lot of interesting information. I think Lipsey's account is the most detailed description of the second autopsy in existence. There seems to have been few spectators in the gallery in the morgue. The only persons wearing a military uniform was himself and Sam Bird. As to the general condition of the body, he states that there was rigor mortis and a smell of formaldehyde, probably because the body, including the internal organs, had been embalmed in formaldehyde following the completion of the first autopsy. And the time of the autopsy was "late at night".

LIPSEY: So, anyhow. They brought the body in, took it out. Laid it on the table. It was the first dead man I'd ever seen, and I'd never seen an autopsy, obviously, I'd never seen an autopsy before. So it was a pretty traumatic experience. I wouldn't really, quite frankly, I couldn't tell the General,

"No, I not going in the room." So I went. I'd never realized seeing a dead man with rigor mortis -- it just didn't seem like you were looking at a dead person, it was just entirely a different thing. It didn't bother me at all. I remember that Sam went out during the ceremony and sent one of his men to get us some hamburgers, it was late at night since we hadn't eaten since that morning. We sat in there watching part of the autopsy eating hamburgers. So obviously there was the smell of formaldehyde in there. That's what bothered me. The smell was worse than the sight. So, we watched the autopsy.

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Q: When the autopsy doctors first walked up to the table, did they-- did they thoroughly look over the body or did they concentrate on one area and begin to work there.

LIPSEY: The first thing they did was look over the body. I can remember that, you know, from head to toe, all sides. They just looked at the whole thing. And made, they discussed a lot of things. That's probably the part I tuned out. I do remember looking it over thoroughly. I do remember the body still was covered with blood. I remember them cleaning it off, taking, I remember a brush, a scrub brush, cleaning the body in certain areas before they started cutting. I remember after they finished, scrubbing it down again, you know, getting all the mess away and everything. They scrubbed and cleaned it pretty good after all the preliminary looking they wanted to, before they physically touched the body, they had to clean the body before they started.

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Q: Could you describe for us the nature of the damage to the front of the neck?

LIPSEY: No. I really couldn't. Because like I say, when we got it out, there was -- blood was all over the body. It was almost caked on. I remember they took a scrub brush and a pail. One of his arms, and if I'm not mistaken, it was his left arm. You know, the way, I guess, after he died, finished the autopsy by that time and, rigor mortis had set in and one of his arms was slightly higher. Well, the guy's laying down and one of them was up a little bit. So when they started the autopsy I can remember, one of the doctors, when he was starting to clean the body up, got up on the table and physically got up on the table and put his knee down on his arm to hold it down -- to get it out of his way -- so he could scrub the rest of the body. So to say, to describe the hole to you, no. Because it was so messy and so much blood that I didn't, I never got close enough to get down and look at the wound itself.

Of particular importance are the words: "...after he died, finished the autopsy by that time and, rigor mortis had set in...". Here, I think, Lipsey actually says that after they had finished the (first) autopsy, rigor mortis had set in before the autopsy that he was attending took place. And Lipsey confirms that the autopsy doctors had some problems with JFK's arms being in their way, as discussed previously in connection with the autopsy photographs showing the "superior view of the head" (F:6 and F:7).

Lipsey is convinced that there were three entrance wounds, and he reiterates this several times when Purdy and Flanagan keep asking him about this. They also have him draw the wounds onto a [face sheet](#). According to Lipsey, there was a large head wound comprising both entrance and exit, an entrance wound in the back of the neck with an exit in the front of the neck (presumably in the tracheotomy wound) and, an entrance wound in the upper part of the back with no corresponding exit.

The fact that the bullet that hit JFK in the back ("hit his chest cavity") did not exit, was apparently strictly confidential, and Lipsey is worried about revealing that secret. Lipsey is convinced that the main purpose of the autopsy was to find the missing bullet within the body from the latter shot, and he says the pathologists spent a major part of the autopsy looking for that bullet, cutting through all the internal organs in the process. As regards the large head wound apparently extending from the rear of the head to the top, right side of the head, we must remember that the original wound in the rear of the head was still present on the body (not made invisible as in the photographs), but a second large wound had apparently been inflicted at the top of the head.

LIPSEY: Yeah, well as far as the exact x-rays were taken, no I don't recall. I do recall the comments from the doctors, you know, who started examining the body before they did anything, you know, looking at the body, looking at where the bullets had entered the back of his head. It was obvious that one bullet entered the back of his head and exited on the right side of his face and pretty well blew away the right side of his head. And then the other two bullets had entered the lower part of his neck and the best of my knowledge, or the best of my memory, one had exited. The other bullet had entered from behind and hit his chest cavity and the bullet went down into the

body. And during the autopsy, this is the only part that I can imagine would be of any – really, what I've told you right there, of strictly confidential nature that was never written up anywhere. And I presume, am I right, that this tape and this conversation is strictly confidential? You know, it's not going to be published I guess is what I'm getting at?

Q: It's not going to be published during the term of this committee. During 1978.

LIPSEY: Okay. Well, is that as far as I can remember, and I'm pretty positive about it, they never found that third bullet. It did not exit the body. When they did the autopsy, first they cut the top of his head off and then they cut his chest open, you know, and they got all of his insides out, that was the only gory part, they took them out a piece at a time and laid them up on, I remember, a beautiful clean stainless steel rack with water pouring over it all the time. I imagine to keep it fresh or whatever. They did the whole autopsy, then they came back and, you know, sliced up all the organs.

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LIPSEY: [...] They were doing an autopsy, a complete autopsy, and whatever physical records that you maintain during an autopsy was what they were doing. I know they did a very thorough job because every time one of them would say something the other one would question it. I can remember they looked at this one organ and they passed it around and all three discussed it before they would go on to the most part. You know, it wasn't one guy doing his operating on the feet, one on the chest, and one on the head. They did everything together and re-examined everything together. I remember that distinctly. They looked like one of the most efficient teams doing anything that I've ever seen. But anyhow, like I say. I can remember lifting his chest cavity and then the top of his head off, and you know, all the internal organs out. And I can remember them discussing the third, third bullet. First, second and third bullet. The third bullet, the one they hadn't found. [...] But I don't think, to the best of my knowledge, they ever found the third bullet.

There seems to have been three autopsy doctors examining the body and organs (“all three discussed”). But it does not seem to be the first time the doctors examined JFK’ body: “They did everything together and *re-examined* everything together”. If it had been the first time, they would hardly have re-examined things.

The head wound that Lipsey describes is similar to the one shown in the extant autopsy photos, although it seems to extend a little bit more into the forehead region above the right eye at the time of the autopsy. The damage above the right eye might relate to the apparent bullet wound visible in the photographs Pitzer and Kundsén allegedly showed to others.

Q: Okay, getting back to the bullets themselves, not the bullets themselves but the entrances, can you just go over again the entrances as you remember them?

LIPSEY: Alright, as I remember them there was one bullet that went in the back of the head that exited and blew away part of his face. And that was sort of high up, not high up but like this little crown on the back of your head right there, three or four inches above your neck. And then the other one entered at more or less the top of the neck, the other one entered more or less at the bottom of the neck.

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Q: [...] Okay, and then according to the autopsy doctors they feel the one that entered in the skull, in the rear of the head, exited the right side of the head?

LIPSEY: The right front, you know, the face. Not the right top, the right front. The facial part of your face. In other words–

Q: Did that destroy his face at all? You say Presidents Kennedy, was his face distorted?

LIPSEY: Yeah, the right side. If you looked at him straight. If you looked at him from the left you couldn't see anything. If you looked at him from the right side it was just physically part of it blown away.

Q: So that would be right here?

LIPSEY: Yeah, behind the eye and everything.

Q: Behind the eye? Was it all hair region or was it part of the actual face?

LIPSEY: To the best of my recollection it was part of the hair region and part of the face region.

Q: Just to follow up this point, after the embalming had been done and the morticians finished preparing the body and you viewed President Kennedy at that time, after he was dressed, could you see any damage?

LIPSEY: They did a beautiful job. He looked great.



Q: So you really couldn't tell?

LIPSEY: Oh, you could tell, sure, if you got up close you could tell, yes.

Q: But he was presentable in the sense that you–

LIPSEY: He wasn't presentable in the sense that you would want to open the casket. But they did a super job.

Q: What I guess I'm getting at is half his face so completely blown away? Could you recognize him?

LIPSEY: No, not at all. Oh no, he was 100% recognizable. I mean, particularly after they finished. No, it wasn't that much damage at all.

The appearance of the head at the completion of the autopsy Lipsey attended, differs markedly from what is known from the first autopsy, when no damages could be seen. One gets the impression that JFK's head was reconstructed after the second autopsy, but due to the much larger wounds inflicted at the top of the head at this point, it was not possible to reconstruct the head in such a way that an open casket funeral could have been held.

Lipsey says the doctors did not find an entrance wound in the back of the head, i.e. the wound that allegedly was 2.5 cm to the right of and a little above the external occipital protuberance. That part of the skull was simply blown away.

LIPSEY: [.....]. I feel that there was no really entrance wound – maybe I said that – in the rear of his head. There was a point where they determined the bullet entered the back of his head but I believe all of that part of his head was blown. I mean I think it just physically blew away that part of his head. You know, just like a strip right across there or may have been just in that area – just blew it out.

Q: So you say the damage caused by the entrance and the exit of the bullet to the head caused one large hole?

LIPSEY: To the best of my recollection, yes it did. [.....]

And in the following exchange, Lipsey reiterates how the doctors kept looking for the missing bullet:

Q: How much time would you say, relatively speaking, did the doctors spend on the 3 wounds you described? Did they spend more time on one or the other of the wounds?

LIPSEY: They spent more time looking for that other bullet than they did on anything else.

Q: You're describing the bullet that went in...

LIPSEY: – on the lower part of the neck. I remember them saying it must have hit the chest cavity and ricocheted down somewhere into the body.

Q: Do you remember any discussion –

LIPSEY: And they spent a lot of time on that. Because I remember when they cut him open in the front, you know, they – I remember – "Let's look for this, let's look for this." They took all the organs out, they went through, they cut the organs up looking for bullets. And finally, to the best of my knowledge, and I remember this, I don't remember how much more they did after this, but I remember them saying: "That bullet could be anywhere." It could have gone right down to his heels or his toes. It could have ricocheted and traveled right down through right on down, you know, through his insides.

Q: Do you remember any discussion among the doctors that the bullet could have entered lower in the neck – lower back part of the neck exited in the front of the neck?

LIPSEY: Yeah. I remember they were firmly convinced it did not.

Q: Okay. So you're convinced –

LIPSEY: That's why they spent so much time looking for it. They traced it through the back of his neck through, you know, when they did the autopsy, through the inside of his body and there was nowhere the bullet was then where it should have exited, it was not. And at the angle it was traveling, and from, you know, with the other things they saw visible in the chest area once they cut him open, you know, it had started down, but where was it?

Q: When they opened up the body from the front, did – were they able to discern any part of the track of the bullet?

LIPSEY: I'm convinced they were in the upper part of his body – yes – because that's how they started following it. And then I think, that's when they started taking his organs out, you know, one

at a time only. They took all of the insides out, I remember that, boy. They had four or five piles of insides sitting on the table. And they thoroughly examined each one of those. They just had a big hollow chest and stomach cavity left – or particularly chest cavity, when they got through. And, I'm very convinced, in my own mind, that they were very convinced that bullet was somewhere in him. Because, from their conversations, they tracked this bullet as far as they could in a downward position before they couldn't tell where it went. That's when they started taking organs apart and looking where ever they could look without going ahead and just cutting him apart. And I think their decision finally was, we're just, you know, not going to completely dissect him to find this bullet. So they tracked the bullet down as far as it went. Obviously, by that point it wasn't that important.

In the end, Lipsey gets annoyed by the repeated questions about the wounds and perhaps by a sense that Purdy and Flanagan don't believe his story. So he suggests that they settle the questions as to the wounds by exhuming JFK's body and re-examining the remains.

LIPSEY: The doctors concluded, the conclusion of the doctors was there were three separate wounds.

Q: And three separate bullets.

LIPSEY: And three separate bullets. No question in my mind about that. Can I ask you a question at this point?

Q: You can ask us but we may not be able to answer it for you.

LIPSEY: I think it will be a very simple question that I think you could answer. There's gotta be something to do with it. Why don't they exhume the body and study the body?

Q: We'll that's a question we can't answer.

LIPSEY: You can't answer that? [Incredulous]

Q: That's a policy judgement.

LIPSEY: Okay, that 's a policy judgement. It's gotta clear up a lot of things. I just can't imagine why they just don't go shriiiiitt [whistling sound]. I remember the discussion when, Lyndon Johnson said, "This body," you know, "none of the details of the Warren Report and this body will not be touched for..." what was it? 15, 20 years? Whatever? I remember he came out in public and made that statement, but I don't remember. I'm just curious why they don't dig him up if it's so vitally concerned about it instead of wasting you guy's time?

At one point Lipsey misunderstands a question about the re-interment of JFK's body (i.e. moving the casket to the permanent grave site), which he apparently thinks is a question about moving the body in connection with the second autopsy. There are several possible interpretations to his answer. He might be admitting that he participated in either taking JFK's body from the casket in the White House and putting it into a (shipping) casket, or helping put the body back into the casket in the White House following the second autopsy. Or he might simply be referring to putting the body into a casket in the morgue after the first or second autopsy was completed. Thus, earlier in the interview, he claims to have helped the morticians, but there were only two of them, rather than four as on the night of November 22nd/23rd. Lipsey also claims that he was the last person to look at President Kennedy before the casket was closed, which suggests that he refers to the last time ever that they put President Kennedy's body into a casket. Then he might be referring to putting the body back into the casket in the White House after the second autopsy. The fact that Lipsey gets so worried when he realizes what he thinks he has admitted ("Oh. This is the first time I've discussed this..."), suggests that the latter interpretation is the correct one.

Q: Did you in a similar capacity participate in the re-interment of the president's body when they moved it?

LIPSEY: Yeah. I helped them pick up the President's body and laid it in the casket.

Q: No, I'm talking about the subsequent to the funeral in 1963. I'm talking about years later.

LIPSEY: Oh. This is the first time I've discussed this – what I've discussed with you.

Q: No, you misunderstand the question. As you may recall, they hadn't finished the final resting place at Arlington National Cemetery.

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LIPSEY: [...]. All I know is the[y] got the clothes from the WH and I helped the funeral home. By that time, by then I think there were only two of them in the room. I helped them dress him, helped

them pick up the body, [helped them] dress him. I helped them pick him up and laid him in the casket. And as far as I know I was the last to look at him – standing there when they closed it. Then the story just goes on and on about the funeral. I don't know how really relevant that part can be. Just formal planning and carrying out the funeral.

According to Lipsey, General Wehle had asked him to attend the (second) autopsy, and if that is true, General Wehle certainly must have known about it. Lipsey also claimed that Wehle relieved him for a short period during the autopsy. But that might not be true, since Lipsey has got to include Wehle in his story, which is supposed to be an account of the first autopsy, which we know Wehle attended, but mainly outside the morgue. However, Lipsey also states that he and Wehle agreed to never discuss the autopsy between themselves, which again indicates that Wehle knew about the second autopsy.

Moreover Lipsey also says that Wehle was busy planning the funeral while he (Lipsey) was attending the autopsy. I would guess that the planning was more intense on the night between Saturday and Sunday than the night before. And I doubt Wehle would have been concerned that somebody would have ‘carted that body off’ on the night of November 22. But he surely must have been worrying about that about 24 hours later, when the body apparently had been removed from the casket in the White House. Thus, Lipsey states three times that the main purpose of his attendance was to ascertain that Kennedy’s body was brought (back) to the White House.

LIPSEY: [...] And Gen Wehle told me, "Don't leave this body!" "You don't leave it," and I didn't except when he came back down and went in and spelled me for a little while.

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Q: Were you in charge of security arrangements for the autopsy room?

LIPSEY: Specifically, no. I was charged by Gen Wehle to make sure that no body left – that body didn't go anywhere without him or me. As far as specific security of the room on the outside, I remember they had guards all up and down that place. And Army people and all types of security people. And I don't know who physically was responsible for hospital security.

Q: Do you remember what orders, if any, on who could be admitted to the autopsy room?

LIPSEY: No, I probably wasn't around to be admitted. I had on my uniform and the Gen's recognition, and the Gen and I drove and everyone realized that he was in charge. He told me to stay with the body and from then on nobody ever asked me anything. But, there was a guard right outside the door. A policeman, a Washington policeman right outside the door.

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LIPSEY: [...]. Our obligation as far as the autopsy ended right there. I'm not sure we had any obligation for the autopsy except Gen Wehle was responsible for the funeral. Gen. Wehle, he wanted somebody there to make sure nobody carted that body off until he could get back there and till everything was taken to the WH. He said, “You stay here and watch it.”

Based on General Philip C. Wehle’s own description of JFK’s head wounds to HSCA’s Andy Purdy (HSCA record # 10010042, agency file # 002086) [cited in an article by [G. A. Aguilar](#)], he does not seem to have been present at the *second* autopsy himself as Lipsey claimed he had been. Thus, Wehle only remembered seeing a wound in the back of the head, which is the only head wound that was apparent during the first autopsy.

Wehle said he was an observer during the later stages of the autopsy. "(Wehle) noticed a slight bruise over the right temple of the President but did not see any significant damage to any other part of the head. He noted that the wound was in the back of the head so he would not see it because the President was lying face up; he also said he did not see any damage to the top of the head, but said the President had a lot of hair which could have hidden that...."

General Wehle’s account is consistent with a short visit to the autopsy room during the first autopsy as described in the [FBI report](#), and mentioned earlier. But he may have been smart enough to not give any statements indicating that he also had seen something different from a different autopsy.

At the end of the interview, Lipsey makes a series of cryptic and incoherent statements, which are very difficult to interpret. But it is very evident that the autopsy he had witnessed was a very secret affair, which he also refers to as ‘the thing’. And to me he seems to indicate that the secrecy somehow was related to president Johnson.

Whether he refers to the second autopsy or other events when he says he and Wehle “briefed the President”, is a matter of speculation.

LIPSEY: [...]. Obviously, everything I've told you here. First of all, I've never discussed any part of the autopsy with anybody. You are the first I have discussed it with – not even with my wife. And the thing, relating back to the thing, it had to do with National Security, more as I had a Top Secret rating – because I was exposed to every Top Secret document in Washington. I briefed the President with Gen. Wehle and things. And, of course, that had more to do with, we signed those, we would not discuss – I feel like it was, it had more to do with – relating to the president and his dealings, or at the time what his plans were, or any of the people he had talked to or confidentiality, or anything read that came from our office to his office. Still, I felt that if it should be told to anyone, it should be told to authorized persons such as yourself. For that reason, and Gen Wehle and I kind of agreed we would never discuss it among ourselves. It's never been discussed with anybody. And I certainly would not want my comments made public. I don't think they should be.

Lipsey recalled the name of only one person from the autopsy he attended. That was Lt. Samuel Bird, who was in charge of the Joint Service Casket Team. This team was responsible for handling JFK's two caskets from the Dallas casket arrived at Andrews Air Force Base until the second casket had been brought to Arlington. They were also responsible for guarding the casket at all times (“death watch”) in the White House and the Capitol rotunda. Hence, they (probably the Secret Service) couldn't have removed JFK's body from the casket in the White House without some kind of cooperation with Lt. Bird and his men.

HSCA contacted (Major) Bird by telephone in February 1978, but Bird claimed that he didn't recall any details from the autopsy, so he was apparently not questioned any further about it. But he had made a tape recording of the events a few days after the autopsy, which he may have provided to the [HSCA](#). Bird and his casket team were also present at Bethesda on the night of November 22nd/23rd, but Bird was not recorded as being present in the autopsy room that night. It is impossible to determine from available documents, whether Bird actually was present during the second autopsy, as Lipsey says he was. Based on Wehle's apparent concern about bringing JFK's body back to the White House, it seems likely that Bird also was present at the second autopsy to ascertain that that happened.

### ***Robert F. Karnei***

Robert F. Karnei was interviewed by both the [HSCA](#) and [ARRB](#) because he allegedly was present at the autopsy on November 22nd, even though his name was not recorded by the two FBI agents present. At the time of the assassination, Karnei was a Navy Lieutenant and a second year resident at the National Naval Medical Center at Bethesda. He had completed his first year of residency, which was in pathology, and was doing his second year of residency, which was in surgery. He was allegedly on duty on November 22, but was not allowed to perform the autopsy on President Kennedy, since those in command wanted more experienced people to do that. Karnei claims that he was assigned other duties, such as arranging the security and acting as a liaison for various people involved in the autopsy. Consequently, he was allegedly present in the morgue for only part of the autopsy and missed some of the things that were said and done there.

However, I don't think Karnei was present in the morgue during the first autopsy, being busy with other duties, whereas he seems to have attended the second autopsy. He seems to have been identified as being present by at least three other participants, namely by laboratory technologist Paul K. O'Connor, by Chester H. Boyers, who was Chief Petty Officer in charge of the Pathology Department at Bethesda Naval Hospital in November 1963, and by Dr. Boswell. The [memorandum](#) from the HSCA interview with O'Connor states: “He recalled that there was a Pathologist on duty who was the officer of the day, probably a lieutenant”. [Boyers](#) claimed that shortly after the autopsy he had written down the names of some of those being present, and among those we also find Robert Karnei.

In an [interview](#) for the Armed Forces Institute of Pathology Oral History Program in 1992, Karnei says he remained unknown for many years because he kept a low profile (page 35).

So I had pretty well kept a low profile. There was a book that came out several years after that in which I was referred to as the “unnamed Navy lieutenant.” That was nice, because everybody else

that was in that autopsy suite room that night was named by name, and I was the unnamed lieutenant.

Karnei seems to have a very good recollection of the chronology of the events of the first autopsy in his ARRB interview, but I think he has learnt that by heart from other sources. He more or less admits that this is so in his interview with the ARRB. Thus, the summary of the interview states:

Written Chronology of Events of November 23 - December 6, 1963: Dr. Karnei provided a typewritten chronology and timeline of events which he constructed himself, long after the autopsy, based upon a combination of his memory, the Warren Report, and David Lifton's book Best Evidence. He stated he prepared this chronology so that he could brief his residents whenever they asked him questions about the autopsy. He told ARRB staff that he did not read the Warren Report or Lifton's book in its entirety, but only selectively perused them for the times of certain events, in order to supplement his memory of the things he personally observed.

It is worth noting that in his interview with HSCA in 1977, Karnei reveals some details from the (second) autopsy, which he has corrected when interviewed by ARRB in 1996. To HSCA he described the probes as going through the body (anterior-posterior), whereas to ARRB he said the probe(s) went just a little distance into the body (closely resembling the official story). Karnei's recollection of the probing, as told to the HSCA, is very similar to photographer Robert Knudsen's account of this procedure.

*To HSCA:*

Dr. Karnei said he was present when probing of the wound was attempted ("..when they were putting the probes through the body"). Dr. Karnei said he was "...not exactly sure..." how successful they were with the probing. He recalls them putting the probe in and taking pictures (the body was on the side at the time). He said they felt the hole in the back was a wound of entrance and they were "...trying to figure out where the bullet came out."

*To ARRB:*

Dr. Karnei says that when he re-entered the morgue at about 9:00 P.M., he saw Dr. Pierre Finck probing the wound in the upper right shoulder repeatedly with a succession of flexible metal probes, in unsuccessful attempts to find the path of a bullet. He said that the wound in the shoulder was the only wound he personally saw probed that night. At the time Dr. Finck was probing the back wound, Dr. Karnei said that no incisions had yet been made in the President's body. He said the various probes, when inserted as far as they would go without making a false passage, described a downward angle into the President's body.

*To HSCA:*

Dr. Karnei recalls that two days after the autopsy he signed a statement in which he pledged he would remain silent about what he saw and heard for ten years. He said that just prior to the expiration of that ten-year period, the time limit was extended fifteen more years.

*To ARRB:*

Order of Silence: Dr. Karnei remembered himself, Drs. Humes, and Dr. Boswell being told to sign the "gag order" in CAPT Stover's office on approximately Monday after the assassination. He remembered signing one, and then told ARRB that he thought it contained a written time period of about 20 years which defined the length of the period of silence that was being enforced upon threat of court martial.

Karnei claims that he signed the gag order "two days after the autopsy" (to HSCA) or "approximately Monday" (to ARRB). Two days after the second autopsy would indeed have been Monday, assuming that it took place Saturday night. The Order of Silence does not seem to have been issued until Tuesday, November 26, and were apparently signed either on that day or the following day by most of those involved. If Karnei signed the order on Tuesday, his recollection of a two-day interval between the autopsy and the signing of the order, also seems to fit better with the second autopsy on Saturday night than with the first one on Friday night.

In spite of his well-rehearsed list of events from the first autopsy, Karnei reveals some details from the second autopsy in his ARRB interview. He remembered seeing a silver-colored casket and the body of President Kennedy was dressed when the body arrived:

Dr. Karnei said that the first time he saw the President's body on 11/22/63, it was already on the autopsy table, and that it was being undressed. He said he had a vague recollection of pants being removed from the President's body, and of photographs being taken while the body was undressed. The President's hair was covered in dried, matted blood at this viewing.

As regards the head wounds, Karnei's recollections are vague concerning their exact location, but they differ somewhat from the (final) official version.

However, he did remember seeing one wound in the right side of the head approximately above the right ear, and another wound in the posterior skull, up high in the back of the head, either in the center, or just left of center (which he associated in his mind with a right-front to left-rear trajectory, or vice-versa). He also said that the upper posterior skull sagged a bit; i.e., was a bit concave in shape.

Brain: Dr. Karnei said that he did not see the brain removed, but he did see Humes, Boswell and Finck very carefully inspecting it outside of the body after it had been removed. He had vague memories of damage to the 'right hemisphere', but could not remember whether the cerebellum was damaged or not.

Although Karnei remember seeing Finck examining JFK's brain after its removal, Finck himself claimed the brain, the heart and the lungs had been removed before he arrived. And if those organs had been removed before he arrived, he could not have probed the back wound before any incisions had been made, as Karnei told ARRB.

Karnei says that Stringer was using two types of camera when taking pictures during the autopsy. Yet, Stringer claims that he only used one type of camera. Karnei's 'recollection' of a second photographer might originate from what he has learned about the first autopsy, rather than from something he has witnessed himself.

He remembers that John Stringer was photographing the autopsy, and that Stringer used both an old-fashioned type camera that required the use of film-holders for individual sheets of film, and also a 35 mm camera. (He could not remember whether Stringer used a tripod the night of the Kennedy autopsy.) He said that there was a second person taking photographs also, whom he initially described to ARRB staff as an FBI or Secret Service agent, and that this person used a different (second) 35 mm camera (separate from Stringer's).

As to note-taking during the autopsy, Karnei didn't recall much when interviewed by [HSCA](#). It is not clear who 'both' are, but he probably means Humes and Boswell.

Dr. Karnei does not recall any note-taking around the table (he was standing against the wall near the table at the time). [...] Dr. Karnei said he thought "... Dr. Boswel was actually taking notes .... thinks they were both working on the diagrams."

In his interview with [ARRB](#), Karnei still didn't remember who took the notes.

Notes and Diagrams: Dr. Karnei said that he remembered Dr. Boswell making diagrams, but did not specifically recall anyone writing down notes.

When interviewed by HSCA staff in 1977, [Boswell](#) told them he was the only one taking notes during the autopsy. But Boswell mentions that Karnei was present both at the autopsy and at the subsequent examination of JFK's brain.

Dr. BOSWELL said that he believes he is the only one who took notes during the autopsy.

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Dr. BOSWELL said that Dr. KARNEI was the resident on duty during the autopsy and said he served in effect as the chief assistant of the autopsy doctors. He said Dr. KARNEI was also present during the examination of the brain.

However, in his ARRB deposition, [Boswell](#), states or confirms three times that Karnei was taking notes during the autopsy, presumably during the second one.

GUNN: I'd like to shift the direction a little bit now and talk to you about records. The first question would be: Who during the course of the autopsy took any records or notes that you recall?

BOSWELL: I think Jim Humes and Bob Karnei, who was our senior resident working with us that night, and myself did all the note-taking. And then Jim took our collected notes with him to write up the autopsy.

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Q: Do you have any recollection of seeing Dr. Karnei's notes you previously mentioned?

BOSWELL: I think that maybe Karnei may be the one who wrote those measurements on [Exhibit 1](#) [the autopsy face sheet]. What else he may have written on it, I don't remember.

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Q: Did you see anyone else at Bethesda taking notes other than yourself, Dr. Karnei, and Dr. Humes?

BOSWELL: No.

Q: For example, FBI agents or Secret Service?

BOSWELL: I didn't see anybody writing.

I'm sure FBI Agents O'Neill and Sibert would have noticed if Karnei had been present at the autopsy table taking notes on the evening of November 22nd. But not if Karnei was present at the second autopsy on the evening of November 23rd.

### ***Jerrol Francis Custer***

Jerrol Francis Custer was the x-ray technician who, together with his assistant Edward F. Reed, allegedly took the x-rays of president Kennedy during the autopsy. At his deposition before the [ARRB](#), he recognized all x-rays as being taken by himself. Since most of those x-rays seems to have been taken during the second autopsy, he indirectly admits that he was present at that event. However, he was also present at the first autopsy on November 22nd, since his name was recorded in the FBI report. Custer's testimony seems to be a mixture of data from the two autopsies. Mr. Gunn unintentionally asks him about his recollection from *both* events by mentioning two dates (probably meaning the night in between):

GUNN: I'd like to ask you for your own individual sense and judgment of the quality of your memory of the events from November 22nd and 23rd. How good do you think your memory is of those events?

CUSTER: Unfortunately, too good.

As to the purpose of the autopsy, Custer is very clear:

CUSTER: Let me put it this way, plain and simple. The autopsy was something that had to be done. It didn't have to be done correctly. It had to be done for record purposes only. Finding out facts, forget it. This is something that had to be done. But done in a way that it's not going to implicate. And this is, basically, the opinion I got, because I made that statement, and I was told to shut up.

And indeed, Custer has a very detailed recollection of what happened during the second autopsy. Of course, he doesn't say that there ever was such a thing, but when asked at one point if 'that night' specifically refers to the night of November 22nd, he first evades answering the question, but later says it was November 22nd.

Q: When you say "that night", you're referring to November 22nd '63?

CUSTER: November .... Right.

Custer claims that the body arrived in the morgue in a black hearse from the Walter Reed (Army Hospital) 'compound'. Gunn tries to ask him if he watched while the morticians reconstructed JFK's body after the autopsy, but Custer seems to misunderstand the question to be if he saw any signs of reconstruction having been performed. And he did see signs of that:

GUNN: What was in a very general way, the condition of the body at the last time that you saw it on the night of November 22nd/23rd?



CUSTER: Do you want me to be blunt?

Q: Yes.

CUSTER: A mess. There was body fluid everywhere. The body was literally butchered.

Q: Did you see any reconstruction of the body at all by morticians?

CUSTER: I remember when I looked into the skull - I remember seeing an apparatus in there. I wasn't sure of what it was. I just remembered this.

Q: When was it that you saw what you've identified as "an apparatus" in the skull?

CUSTER: This was in the first series of films. The only reason why this clicked is, because I remember I was told by the duty officer that the corpse was taken to Walter Reed Hospital first - compound - Walter Reed compound first, and then brought to Bethesda.

Q: Could you describe the apparatus that was in the skull?

CUSTER: It was non-human. It had -- I'm not sure if it was metallic or plastic. There was so much going on at that time. I just happened to see it. It registered. And that was it.

Q: Did anyone besides the duty officer make any reference to Walter Reed?

CUSTER: Yes, that one gentleman who was in the picture with Reed and myself, that was at the end there.

Q: On the far -- the one on the far left?

CUSTER: Far left; right. He was the duty officer. No, not there. The other picture.

Q: Yeah. In addition to the duty officer, was there anyone else?

CUSTER: The chief on duty that night. There was two.

Q: Okay.

CUSTER: There was a duty officer and a duty chief.

Q: Okay. And they both said that the body had been to Walter Reed?

CUSTER: Right. Walter Reed compound. They didn't say "hospital". They said "compound".

Q: Did you hear anyone else make any statements about Walter Reed, other than the duty officer and the duty chief?

CUSTER: That's the only two.

His memory is somewhat confused as to the type of casket carrying the body to the morgue. He is not certain whether it was a shipping casket or not, but he assumes it could not have been a shipping casket since it carried the body of the President.

GUNN: Could you describe what the casket looked like?

CUSTER: I don't think it was a shipping casket. I remember seeing a bronze ceremonial casket brought in. I don't know where they got the shipping casket at. A shipping casket to me is a tin, metal-colored, gray thing. And that certainly wasn't what he was put in.

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CUSTER: Because you're talking [about] the President of the United States. Why would they put him in a shipping casket? They had to have some dignity about this.

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CUSTER: But you got to remember something. There was more than one casket that night.

Q: When you say there was more than one casket, what do you mean?

CUSTER: There was a casket brought in the back by a black Cadillac ambulance. Plus, there was a casket that Jacqueline Kennedy had in her entourage, too.

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Q: Are you certain that the ambulance was black, rather than gray or white?

CUSTER: I'm sure the first one was black. It had to be. You must remember - Remember when I told you, I was told the body had went to Walter Reed compound first. Now, I don't know what ambulance they put it in, but I just remember seeing a black ambulance there.

As to Custer's description of the appearance of the body when they opened the casket, his recollections seem to relate to the second autopsy, especially the fact that the body was still dressed. JFK's body had been dressed in a suit before it was laid in the casket and brought to the White House at the completion of the first autopsy.

GUNN: Okay. Could you describe the appearance of President Kennedy when the casket was first opened in the morgue?

CUSTER: What surprised me, he had a plastic bag around his head with sheets wrapped around it. And you could see the blood on the sheets. But after we-- That's all I saw. And after we got him on the table, I was asked to leave. I didn't see anything else.

Q: When you say –

CUSTER: He was still dressed in a suit.

Q: He was dressed in a suit?

CUSTER: That's the way I saw it.

Q: When you say a plastic bag around his head, does that mean around the head, but not any other part of the body?

CUSTER: To the best of my recollection, that's all I remember. Just around his head.

And after the body had been put on the autopsy table, the x-ray technicians were asked to leave the morgue (Custer was probably the only x-ray technician there). When they were called back about one hour later in order to take the first x-rays, the autopsy was already in progress. Custer had difficulties in taking the x-rays of the head because the neck was stiff due to rigor mortis. And there was no brain inside the cranium.

GUNN: And previously you've said that - in this deposition, if I understand correctly - that you were out of the morgue for - The way that I'm understanding is, you said about an hour. Maybe more, maybe less.

CUSTER: Right.

Q: But approximately an hour.

CUSTER: Right.

Q: Were you with Mr. Reed at that time during that hour, or approximately an hour?

CUSTER: To the best of my recollections, yes, I do believe so.

Q: Was anyone else with you at that time?

CUSTER: There was a - one of the FBI agents were with us.

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Q: Okay. If we can go back now to -

CUSTER: Sure.

Q: - back to the chronology. You have now come back into the morgue after having been summoned by Dr. Ebersole. What do you observe of the body of President Kennedy? What was the condition at that point?

CUSTER: All right. The body was completely nude. The Y incision had been made - and the skull literally was a mess.

Q: The Y incision, you say, had been made. Had any of the organs been removed at that time?

CUSTER: I'm not sure, truthfully. I would safely say yes, because I remember - When I come, I remember Dr. Boswell then, sauteing the liver and - Yeah, it has to be. It'd have to be. I can't say all of them were removed. I know a good portion of them were removed.

Q: What was the first series of X-rays that you took?

CUSTER: Definitely, skull films.

Q: How many skull films did you take?

CUSTER: Well, I took a modified waters. And, basically, the only reason why I took a modified waters is, because rigor mortis had already set in. And the head was placed in a - The head was [in] a position already with a 30-degree up tilt due to the rigor mortis being set in. [.....]

----

Q: When you referred to a "modified waters", is that a particular angle?

CUSTER: A full waters is 45 degrees. All right? And that's taken at a posterior/anterior. When you're in the - the regular radiological positioning, anterior is your front. Posterior is your back. Okay? All the films were taken in an anterior/posterior position. There's no way in God's creation we could have turned this body over on the stomach, and done the films the way they should have been done. So, we had to do them to the best possible way, and get the best possible films in that predicament.

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Q: And did you take a Town's -

CUSTER: To my best recollection, no. There's no way to take it because of the rigor mortis. The way the head was positioned. You couldn't get a real good Towns. So, I totally eliminated it because of that.

Q: Was there any brain inside the cranium at the time that you took the first series of X-rays?

CUSTER: To the best of my recollection, no.

Q: Were you present at any time while brain tissue was being removed?

CUSTER: No, I wasn't.

When Custer took the skull x-rays, the bones were completely fractured. These fractures may have been real, but they may also have been inflicted prior to the second autopsy. And the skin (scalp) was no longer attached to the underlying bones, probably mainly because the scalp had been reflected from the skull during the first autopsy.

CUSTER: So, I had to build the head up. But when I built the head up -The head was so unstable due to the – the fractures. The fractures were extremely numerous. It was like somebody took a hard-boiled egg, and just rolled it in her hand. And that's exactly what the head was like.

Q: So, when you say that it's like that, you mean the pieces of the shell are analogous to the pieces of the skull; is that right?

CUSTER: Right. And every time we picked the head up, you could feel it. This part of the head would come out; this part of the head would be in. And it was just – The only thing that held it together was the skin. And even that was loose.

---

Q: And other than the Y incision, did you observe any other wounds on President Kennedy's body, other than those you've described?

CUSTER: Let's see. I'm trying to think now. Well, there was a gaping hole in the right parietal region. The right eyeball was protruding.

Later, when drawing the skull defect onto a [lateral skull drawing](#) the area of missing bone comprises the right parietal bone, as well as parts of the frontal and temporal bone. He only admitted that the temporal bone was involved after having viewed the lateral x-rays. When describing the nature of the defect, he made an interesting statement:

CUSTER: The temporal bone area.

Q: Okay. What you're referring to is the suture between the temporal bone and the parietal bone?

CUSTER: Right.

Q: Okay.

CUSTER: This flapped out. It looked as if they had sawed it. But this was all missing here.

When describing the anterior/posterior x-ray of the skull (x-ray No. 1), Custer states:

CUSTER: Bullet fragment, right orbital ridge. Fragments throughout the temporal region. Remember how I stated, it looked like somebody had sawed a portion over here.

Q: You're referring to the mid -

CUSTER: Midsagittal.

Q: -midline?

CUSTER: Midsagittal plane.

I think Custer tries to make the ARRB staff aware of the fact that there were some peculiar straight "fracture" lines in the skull, as if somebody had sawed through the bone. And that was precisely what they had done during the *first* autopsy, when they sawed through the top of the skull in order to remove the brain. At that time they sawed through the coronal suture (between the temporal and parietal bones), and extended that cut towards the rear of the head above the ears in order to remove the top of the skull and get access to the brain. The removal of the brain will be dealt with in more detail later.

Custer confirms that the brain had been removed before the three extant skull x-rays were taken. Moreover, he admits that most of the x-rays showing the chest and/or abdomen were taken after the organs had been removed. According to the FBI report from the first autopsy, the ARRB depositions of FBI agents Sibert and O'Neill and x-ray technician Edward F. Reed, as well as several statements from the three autopsy doctors, the x-rays and (all/most) photographs were taken before any incisions had been made (more about this later). Hence, the absence of the brain and the chest organs strongly indicates that those x-rays were taken during the second autopsy.

Custer says there were bullet fragments in the C3/C4 area of the spine, an area which is not shown in any of the extant x-rays of JFK.

GUNN: You didn't see any X-rays that would be in – that would include the C3/C4 area?

CUSTER: No, sir.

Q: Are you certain that you took X-rays that included the – included C3 and C4?

CUSTER: Yes, sir. Absolutely.

Q: How many X-rays did you take that would have included that?

CUSTER: Just one. And that was all that was necessary, because it showed – right there.

Q: And what, as best you recall, did it show?

CUSTER: A fragmentation of a shell in and around that circular exit – that area. Let me rephrase that. I don't want to say "exit", because I don't know whether it was exit or entrance. But all I can say, there was bullet fragmentations around that area – that opening.

Q: Around C3/C4?

CUSTER: Right.

Q: And do you recall how many fragments there were?

CUSTER: Not really. There was enough. It was very prevalent.

Q: Did anyone make any observations about metal fragments in the C3/C4 area?

CUSTER: I did – And I was told to mind my own business. That's where I was shut down again.

---

CUSTER: In my own opinion, I do believe, basically, the reason why they are not here is because they showed massive amounts of bullet fragments.

According to Custer, he was asked by Ebersole to tape metal fragments to the skull fragments "supposedly" arriving from Dallas before taking x-rays of them. These three fragments, which are seen in x-rays [Nos. 4-6](#), probably replaced the original fragment recovered from the Presidential limousine and brought to Bethesda during the first autopsy.

GUNN: Did you ever have occasion to make X-rays of any bone fragments from the head of President Kennedy?

CUSTER: That was the next day, in a private room up on the fourth floor, with a portable X-ray unit. And at – Do you want me to reiterate a little bit?

Q: Okay.

CUSTER: I was told to place bone fragments on – or not bone fragments – metal fragments that were given to me on these portions of the skull, and take different exposures.

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Q: Did Mr. Ebersole – or Dr. Ebersole say anything to you about metal fragments?

CUSTER: He gave me three or four different metal fragments, varying in size. And he asked me to tape them to the bones.

Q: Did you tape metal fragments to the bones?

CUSTER: Yes, sir.

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Q: Did Dr. Ebersole ever subsequently explain to you the purpose for taping metal fragments to the bones to be--

CUSTER: No, he didn't. He just stated to me, when he brought the film-- the bone fragments and the metal fragments to me, that he had just come back from the White House after being debriefed.

Q: And what did he say about that debriefing?

CUSTER: Well, he just said that he was debriefed by the Secret Service. And that was it.

High-ranking people bad talked to him. And he suggested to me that everything that I see from now on, I should forget.

Q: Did he say that to you at approximately the same time that you were working on X-raying the skull fragments?

CUSTER: Absolutely.

Q: Do you know where the skull fragments came from?

CUSTER: They arrived, supposedly, that evening from Dallas.

Custer says he was ordered, or rather threatened, to keep quiet about what he had seen in association with the autopsy. These orders came from 'high-level people' at the White House through the head of the Secret Service (who was James Rowley). And again Custer avoids answering whether the order of silence he received in the morgue was given on the night of November 22nd or 23rd. It was given on 'that night'.

GUNN: Was there ever a time at which you were asked or requested not to speak about the autopsy of President Kennedy?

CUSTER: Well, there was two different situations. The next day, when Dr. Ebersole came back to Bethesda with the bone fragments and the bullet fragments – that time; and the time in the morgue-- there's three, actually-- and in Galloway's office.

Q: Maybe if we could go through those three events in order. The first time that you were asked not to discuss the autopsy was which time?

CUSTER: In the morgue.

Q: Okay, in the morgue. And that was when in the morgue? On the night of November 22nd or 23rd?

CUSTER: On that night.

Q: Okay. And who was it who asked you not to speak of--

CUSTER: Dr. Ebersole. He made it perfectly clear that I was not to speak about this.

Q: If you could convey the sense of the words that he gave to you as best you can, what--

CUSTER: "Keep your mouth shut."

Q: Okay. That's perfectly blunt.

CUSTER: Plain and simple.

Q: Okay. And the second time that you were asked, or requested, or instructed not to talk about the autopsy was when?

CUSTER: That was the next day, after he had come back from the White House from being debriefed.

Q: And that was, again, Dr. Ebersole who --

CUSTER: Dr. Ebersole.

Q: - who had said it to you. Then, the third time was --

CUSTER: Let's back up one thing.

Q: Sure.

CUSTER: At that time, he made it quite clear, this came from high level that I was not to say anything. And he reiterated "anything". If I did, I would be quite sorry.

Q: Did he tell you whom he-- You mentioned a moment ago that he had been to the White House.

CUSTER: Right.

Q: Did he tell you whom he had spoken with at the White House?

CUSTER: Yes, he did.

Q: Whom did he say he spoke with?

CUSTER: The head of the Secret Service.

Q: When he said that high-level people--

CUSTER: Right.

Q: - did not want anything to be discussed, did he tell you who those high-level people were?

CUSTER: No. He just said high-level people.

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Q: Okay. Could you tell me about the third time that you received instructions not to speak about the--

CUSTER: Well, that was the most traumatic. After I signed the gag order, I was told if anything-- no matter what-- got out, it would be the sorriest day of my life. I'd spend most of my time behind prison walls.

Q: And did that sound-- that threat sound credible to you?

CUSTER: Very credible.

### ***Edward F. Reed***

Edward F. Reed was an x-ray technician at the first autopsy. In his deposition before the [ARRB](#) he claimed that he had taken all the autopsy x-rays, except those of the bone fragments (Nos. 4-6). He states initially in his deposition that all x-rays were taken at the beginning of the autopsy *before* any incisions had been made, but

when questioned later whether he can see any thoracic or abdominal organs in x-rays Nos. 7-14, he admits that some of these x-rays (Nos. 8, 10, 11) show no organs, and therefore must have been taken later during the autopsy. He thinks those x-rays were taken after they had closed the Y incision again with metal sutures, but he can't find any traces of those sutures in the x-rays. However, according to the morticians, they put the organs back into the body before they closed the Y incision.

GUNN: Okay. You've described the sequence of the taking of the X-rays. Can you tell me whether there were any incisions that were performed on the body between the time of the first X-ray and the time of the last X-ray that you took?

REED: As far as I know, no.

Q: When you brought the last of the X-rays that you had developed back to the morgue, had there been any incisions performed on the body at that time?

REED: No.

---

GUNN: Do you see any lung markings in X-ray No. 8?

REED: No, I don't.

Q: What does that signify to you?

REED: That the pleura cavity has been - the lung has been removed. But - It's a cadaver, I think. Cadaver. I see no lung markings.

Q: And that signifies that this was taken after a Y incision?

REED: It could have been.

Q: Does that help refresh your recollection as to whether a Y incision had already taken place at the time that you took the X-ray?

REED: Yes. Yes, it does. So, the X-rays were taken after it was removed, then. It's vague, but - I'm trying - I'm just trying to think.

There was a - you know, a opening there in the cavity. But there would be metallic - if it was, there would be metallic markings here. Sewed back up with metallic -

You see, when you deflate the lungs, all the - all the air is deflated. And this has been like six hours after he was assassinated. And there's no air in the - in the lungs. So, there may not be any lung markings because of that.

Aeration is what causes markings in the - But there's no air in here, because he's deceased. So, it -

I think I'm hitting the upper limit of my expertise, you know. A radiologist would have to explain that more in detail.

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GUNN: Well, again, the question that I would have is whether this was taken by you before a Y incision; taken by you after a Y incision; or taken by somebody else after a Y incision? Are you able to help answer that question?

REED: I'd have to take this - say this was taken - Let me think for a second. I can't answer that. I don't know.

---

GUNN: Okay. Could we go to the next one, please? No. 10.

REED: This is the opposite humerus, I assume. Let me -- Now, this -- we might have been -- we've might have been called down after they did this for the X-rays of the -- Remember, I said all the multiple X-rays? Because now that I'm thinking about it, you know, they might have sewed him up. And we came down, because -

Here's the same type of X-ray I took on the opposite side, the humerus. But, again, there's no lung markings in here.

Q: So, it would be your assumption that this - that X-ray No. 10 was taken after, at least, some of the -

REED: Right.

Q: - internal organs had been removed?

REED: Right. Right, exactly.

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Q: Do you see any markings on No. 11?

REED: I don't see the bowel that was in here before or the lung markings. So, this one had to be taken afterwards, also.

It is obvious that Reed has great difficulties in explaining how he could have taken those x-rays, when initially he had claimed he had taken all of them before any incisions had been made. Moreover, when shown some of the official autopsy photographs, Reed doesn't recognize them as depicting what he saw during the autopsy.

I think Mr. Reed was only present at the first autopsy on November 22nd. Hence, he seems to be lying about taking those x-rays that seem to originate from the second autopsy, which I think include x-rays Nos. 1-7, 8, 10-11, and possibly No. 14. Reed claims that the internal organs are visible in x-rays Nos. 7 ("They look intact.") and 14 ("There is nothing removed at that time from this X-ray."), but the forensic pathology panel of [HSCA](#) claimed that those x-rays had been taken after the organs had been removed:

X-ray No. 9 had been taken before the start of the autopsy; X-rays (Nos. 7, 8, 10, 11, and 14) were taken after removal of the internal organs.

I guess the reason why Reed insists that he took all the x-rays, is that he desperately wants to be [remembered](#) as the man who took the autopsy x-rays of President Kennedy. But he seems to have participated in taking only x-rays Nos. 9, 12, and 13 (maybe 7 and 14) of those currently in the U.S. National Archives. There is, however, no reason to doubt that he participated in taking and/or developing all the x-rays exposed during the first autopsy on November 22, the majority of which seems to have been destroyed.

### ***John H. Ebersole***

John H. Ebersole was Acting Chief of Radiology at the Naval Hospital, Bethesda on the day of the Assassination. He assisted the pathologists in interpreting the x-rays taken at the autopsy of President Kennedy. There is no doubt that he attended the first autopsy, his name being recorded in the FBI report, but I think he also was present during the second autopsy. In his appearance before the Medical Panel of the HSCA, [Ebersole](#) testified that all the 14 known x-rays from Kennedy's autopsy were taken by himself during the autopsy on November 22nd/23rd (Custer and Reed claim that they actually took the x-rays, whereas Ebersole merely helped interpret them to the pathologists). However, most of those x-rays seem to have been taken during the second autopsy, so if Ebersole was involved in taking them, he must also have been present on that occasion. And some of his statements indicate just that. Thus, he has a recollection of a sutured tracheotomy incision in the anterior neck:

EBERSOLE: Upon removing the body from the coffin, the anterior aspect, the only things noticeable were [...] and a neatly sutured transverse surgical wound across the low neck.

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EBERSOLE: I believe by ten or ten thirty approximately a communication had been established with Dallas and it was learned that there had been a wound of exit in the lower neck that had been surgically repaired. I don't know if this was premortem or postmortem but at that point the confusion as far as we were concerned stopped.

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BADEN: [...] Now you have mentioned that the tracheostomy was sutured when you first saw it.

EBERSOLE: There was a sutured wound, a transverse wound at the base of the neck.

BADEN: Do you remember any other sutured wounds?

EBERSOLE: No, I do not.

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EBERSOLE: [...] Somewhere in the course of the autopsy Dr. Humes was made aware of the surgical procedures at Dallas vis-a-vis the neck.

PURDY: And what was that information?

EBERSOLE: The information was that there had been a wound of exit there, a tracheotomy and a suturing done.

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BADEN: And it is your impression that before the autopsy was finished at ten thirty at night contact had been made between Dr. Humes and --

EBERSOLE: I must say these times are approximate but I would say in the range of ten to eleven p.m. Dr. Humes had determined that a procedure had been carried out in the anterior neck covering the wound of exit. Subsequent to that the fragments arrived. At the time the fragments were X rayed. Dr. Finck was present.



Ebersole claims that Humes got information from Dallas about the tracheotomy wound during the course of the (first) autopsy. Humes always denied this, and claimed that he did not speak with Dr. Malcom Perry at Parkland Hospital in Dallas until Saturday morning. Ebersole also states repeatedly that the purpose of taking the x-rays during the autopsy was to find a missing bullet having entered in the back of JFK. That search for a bullet may relate to both the first and the second autopsy. Ebersole remembers no discussion of a bullet possibly having fallen out of the entrance wound in the back at Parkland. It is noteworthy that it was the Secret Service agents who asked for more x-rays to be taken in order to find the missing bullet.

So prior to starting the autopsy we were asked to X ray the body to determine the presence of a bullet. We took several X rays of the skull, chest, trunk.

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The initial films showed the usual metallic fragments in the skull but no evidence of a slug, a bullet. This was a little bit disconcerting. We were asked by the Secret Service agents present to repeat the films and did so. Once again there was no evidence of a bullet.

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In summary I would like to emphasize one thing. These films, these x rays were taken solely for the purpose of finding what at that time was thought to be a bullet that had entered the body and not exited.

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Again I would like to emphasize my purpose of taking the films, and my interpretation that night was solely to locate a bullet that at that time we thought was still in the body.

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When both aspects of the body had been viewed, and I do not know in what order they were reviewed, we were faced with the problem of a wound of entrance and not a known wound of exit, so at that point we perhaps would never have taken any X rays had we had a wound of entrance and a wound of exit. Remember, I am standing by waiting for the prosecutor to start with my X ray equipment. We had certainly not to my knowledge planned to take any X rays at this autopsy but when it became apparent we had a wound of entrance and no known wound of exit, this is when I was brought into the action.

In the beginning of the interview Ebersole claimed that all x-rays were taken before any incisions had been made, but when viewing three x-rays of the chest/abdomen (Nos. 8, 10, and 11) showing no internal organs, he has to admit that those were taken later in the procedures. However, the three skull x-rays “were definitely taken before the autopsy”. Ebersole was unfortunately not asked if he could identify the brain inside the skull in those x-rays.

Even though Ebersole seems to have been present at the second autopsy and hence must have seen the body and participated in taking or interpreting skull x-rays showing a large defect in the right side of the head, he says the major head wound was in the back of the head.

The back of the head was missing and the regular messy wound [sic].

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You know, my recollection is more of a gaping occipital wound than this [viewing color photograph No. 42 showing intact ‘right’ occipital region of head] but I can certainly not state that this is the way it looked. Again we are relying on a 15 year old recollection. But had you asked me without seeing these or seeing the pictures, you know, I would have put the gaping wound here rather than more forward.

As to the location of the wound of entrance in the skull, Ebersole is reluctant to give his opinion when viewing the skull x-rays. His cryptic answer indicates that the wound of entrance in the skull was on the lateral side, but not on the right side, as Dr. Weston suggests, but possibly on the left side, since he seems to suggest that the lateral films show the opposite side (left) of the head from what they purport to show: “This is 180 degree”. (In the 1966 [inventory](#) of the autopsy x-rays and photographs, x-ray No. 2 is said to be a “*right* lateral view of the skull”, whereas No. 3 is merely said to be a “lateral view of the skull”).

BADEN: Do you on examination of these films have an opinion as to where the gunshot wound of entrance was in the head radiologically?

EBERSOLE: In my opinion it would have come from the side and [on?] the basis of the films I guess that is all that can be said about the films at this time.

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WESTON: I understand that. I am coming back to your expertise now. Looking at those skull films, you would feel comfortable in saying there were fractures there?

EBERSOLE: Yes.

WESTON: And yet I understood you to say that I think, would you not, and yet I understood you to say that you felt like there had been a bullet wound on the right side of the head, is that correct?

EBERSOLE: No. I would say on the basis of those X rays and X rays only one would have to estimate there that the wound of entrance was somewhere to the side or to the posterior quadrant.

WESTON: To the side or to the posterior quadrant.

EBERSOLE: This is 180 degree.

WESTON: Okay. Fine. That is all I have.

Jerrold F. Custer mentions Ebersole several times in his testimony before the [ARRB](#), and some of these references seem to be related to the second autopsy. Thus, Custer claims that Ebersole damaged the anterior/posterior x-ray of the skull (x-ray No. 1) by holding the film too close to a heat lamp when viewing the image. Ebersole admitted to HSCA that he might have been responsible for that damage. Both of them claim that this happened on the night of November 22nd, but in my opinion all the three known skull x-rays were taken during the second autopsy. Consequently, Ebersole must have been present at the second autopsy.

#### *Custer's version*

GUNN: Earlier in your deposition, you referred to some heat damage on one of the X-rays. Do you see any heat damage on this x-ray?

CUSTER: It's right here. You can see it— This is where Dr. Ebersole got it too close to the heat lamp. I stated to him twice, "Please do not put it too close." You can see where it started to —

Q: To wrinkle?

CUSTER: - curdle, literally. And here, it started to burn. And isn't it funny how where it starts to burn is the area that I suggested was an entry wound.

Q: Now, are you certain that that heat damage took place on this X-ray on the night of November 22nd?

CUSTER: Yes, sir. I was there, and I saw him do it.

Q: Can you identify in the X-ray any brain shadow?

CUSTER: No. There's no brain shadow that I can see. Maybe portions - very small. But this is all empty. Anything -

#### *Ebersole's version*

BADEN: On looking at film No. 1 you see there are two artifact points. Could you describe those and indicate what you think they are?

EBERSOLE: These are raised blisters, rounded areas on the X ray film due to overheating the emulsion and probably coming about placing it on what we call a hot light. Imagine a photo flood bulb and this placed too close to it. Associated with these two areas there is wrinkling in the film base which also happens when it is applied to too hot a source.

BADEN: Do you have any knowledge when and how they occurred?

EBERSOLE: I don't know. It may have happened that night and I may have been the guilty party as well as under standard view boxes.

Custer also claimed that Ebersole drew pencil lines on X-ray No. 2 on the night of the autopsy, whereas Ebersole claimed he made those lines later when making some measurements for a bust.

### ***Paul K. O'Connor***

Paul K. O'Connor was a laboratory technologist, who assisted the pathologists during the autopsy. He was recorded by Sibert and O'Neill as attending the first autopsy, but he also seems to have been present at the second. He was interviewed by Kelly and Purdy of the HSCA in 1977, and a summary of his testimony was given in a [memorandum](#). I think O'Connor's statements represent a mixture of things he saw on two separate occasions.

Whether he is aware of that himself, is difficult to tell. The following statements seem to refer mainly to recollections from the second autopsy:

O'Connor said that the casket was a pink shipping casket and it arrived approximately eight o'clock. He said the body was in a body bag and the head was wrapped in a sheet. O'Connor said he helped unwrap the sheet. He recalls seeing "...massive head wound.." and a "...gaping wound in the neck.." as well as "...two chest incisions". O'Connor said that he was shocked at what he saw. He said the head had "...nothing left in the cranium but splattered brain matter." O'Connor said he noticed this particularly because it was "--part of my job to remove the brain and fix it."

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O'Connor said that he helped put the body on the table, unwrap the very bloody sheet, and was in the presence of the medical photographer, the X-Ray technicians, and the "medical illustrator." O'Connor said that when they arrived, Humes and Boswell "....assumed command." He didn't recall any flag rank giving them orders.

Regarding the wound in the neck, O'Connor said it "... looked like a very sloppy tracheotomy and I've seen a lot." He said the "...gaping hole ... looked like the whole larynx was gone."

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However, O'Connor then said he "...never saw a sheet [autopsy face sheet] that night ... the whole procedure was abnormal." O'Connor said the information was "...probably written in later."

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Regarding the wound in the head, O'Connor said there was "...no use me opening the skull because there were no brains." O'Connor described the defect as being in the region from the "...occipital around the temporal and parietal regions." He said there was a "...massive hole, no little hole." O'Connor believes the bullet came in from the front right and blew out the top.

O'Connor said for a while there was no discussion of any other wounds until later on when they found the bullet wound in the "...back in the neck... just above C-7." O'Connor said it was approximately dead center in the mid-line of the back.

O'Connor said it was "...a funny autopsy." He said one reason was because when they started viscerating [sic; eviscerating] the body O'Connor was asked to leave. He noted that Jenkins remained. He said Dr. Boswell or Humes told him to go outside the room (he was guarded by a Marine while he did); he remained outside approximately thirty or forty minutes. He said during that time the X-Rays of the "...entire body..." were taken, according to what an X-Ray technician told him.

O'Connor returned to the room after the suturing was done and found out later he missed the probing by the Doctors. When he had returned he said the doctors had the back up and appeared to be "...very interested in it . . . to see what the spine looked like."

O'Connor said he later asked Jenkins about what he missed and noted that they both were very afraid to talk about it. O'Connor recalls that Jenkins or someone else told him that the doctors had "...found a fragment of a bullet lodged in the intercostal muscle on the right rear side "... of the President's body. O'Connor was also told that "...a lot of blood infiltrated the intercostal muscle."

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Regarding the possibility that there had been a medical illustrator in the room, O'Connor said he was "... sure there was a medical illustrator in there." He said there was a medical illustration department of the medical school there.

Regarding commission exhibit [386](#), O'Connor said it did "... not reflect what I saw. The little head hole was not there." He also said that the back wound was more centered than it appears in the drawing. O'Connor said the [CE-385](#) looked fairly accurate.

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Regarding the location of the back hole on the autopsy sheet, O'Connor said it was "...too far down." O'Connor said the front neck wound did not look like a half moon shape as portrayed there; rather, it was "...a big old gash."

O'Connor's description and drawing of the massive head wound and the tracheotomy wound in the throat, are fairly close to what those wounds look like in the official autopsy photographs (from the second autopsy). As to what *happened* during the autopsy, O'Connor's memories are largely consistent with what is known from the first autopsy. But O'Connor says he was asked to leave the morgue shortly after they had laid Kennedy's body on the

table. He says he was away for only 30-40 minutes, and when he returned the suturing had been done, i.e. the wounds had been closed. In addition, whole body x-rays had been taken and the wounds had allegedly been probed. Thus, it seems that O'Connor is confusing leaving the morgue for a short period when x-rays were taken at the beginning of the first autopsy with leaving the morgue for other reasons during the second autopsy.

O'Connor frequently mentions Jenkins in the HSCA interview. James Curtis Jenkins was the other laboratory technologist present at the autopsy on November 22nd. O'Connor claimed that he always "pulled duty" with Jenkins. However, [Jenkins](#) told HSCA that:

Mr. Jenkins said that two people "pulled duty" together. [...] He said his usual partner was Stanley Miller who was not present that evening for some unknown reason. He said that on that night he was working with Paul O'Connor.

There are no indications in Jenkins' HSCA testimony that he was present during the second autopsy. Instead, he gives a fairly detailed description of the first autopsy, including an accurate description of the nature and location of JFK's wounds as they could be seen that night.

O'Connor says there was a medical illustrator present at the autopsy. No such illustrator is known to have been present during the first autopsy. Thus, if O'Connor is telling the truth, this person must have been present at the second autopsy. I think this illustrator may have been Harold Alfred Rydberg.

### ***Harold Alfred Rydberg***

Harold Alfred [Rydberg](#) draw three illustrations depicting the wounds in President Kennedy's back, throat and head allegedly based on oral descriptions by Drs. Humes and Boswell. The illustrations were reportedly prepared March 12th-15th, 1964, in order to be used by Humes in his testimony before the Warren Commission on March 16th. The illustrations are known as Warren Commission Exhibits [385](#), [386](#) and [388](#). Curiously enough, in the HSCA [summary](#) of their interview with O'Connor, they apparently discussed these Exhibits immediately after having asked O'Connor about the medical illustrator. Perhaps they even asked him whether that illustrator was indeed Rydberg.

In a letter of commendation, dated March 27, 1964, the Commanding Officer of the US Naval Medical School, Bethesda, J. H. Stover, wrote the following in a cryptic language about Rydberg's work.

During the period 12 to 15 March you were called upon to prepare, on extremely short notice, highly technical medical illustrations, using only verbal directions given you by officers of this Command. These illustrations were required and utilized in a presentation by this Command before a very high level agency of the United States Government. This work was performed in an outstanding fashion, in a most expedient manner, and utilized for the most part off-duty hours. The illustrations thus produced most accurately depicted the situation required and immeasurably assisted the medical presentation.

[Humes](#) also told the Warren Commission about the preparation of these illustrations.

Commander HUMES: When appraised of the necessity for our appearance before this Commission, we did not know whether or not the photographs which we had made would be available to the Commission. So to assist in making our testimony more understandable to the Commission members, we decided to have made drawings, schematic drawings, of the situation as we saw it, as we recorded it and as we recall it. These drawings were made under my supervision and that of Dr. Boswell by Mr. Rydberg, whose initials are H. A. He is a hospital corpsman, second class, and a medical illustrator in our command at Naval Medical School.

Likewise, in the Shaw trial in 1969, [Dr. Finck](#) told the court that the illustrations had been prepared in March 1964, but when pressed whether the illustrator had been present at the autopsy itself, Finck was somewhat evasive by claiming he couldn't remember. If he had known for sure that there was no illustrator there, or if he had been a more clever liar, I guess he would simply have answered "No".

OSER: In referring to State Exhibit 69 [CE-385] and 70 [CE-388], Doctor, these two exhibits were not done then until sometime in March of 1964, is that correct, Doctor?

FINCK: I wouldn't know the exact date. The first time as I recall that I saw these exhibits was in March, 1964, to the best of my recollection.

OSER: But you do know, Doctor, you can testify that the photographs and X-rays were not available, to the best of your knowledge, to the illustrator of these exhibits as they were not available to you in March, 1964?

FINCK: To the best of my knowledge the X-rays and photographs were not available to the illustrator. I know for sure that they were not available to me, the X-rays and the photographs.

OSER: Can you tell me, Doctor, whether or not the illustrator was present at the autopsy when President Kennedy's body was available for viewing in order for him to make these illustrations?

FINCK: I don't know.

OSER: Do you recall seeing him there or anyone held out to be the illustrator at the autopsy?

FINCK: I don't remember.

Rydberg had attended the Medical Illustration School at the National Naval Medical Center, Bethesda in 1962, and was teaching medical illustration there in 1963. At the time of the assassination Rydberg was Petty Officer 2nd Class. When the Navy Ambulance arrived at Bethesda with JFK's casket on the evening of November 22nd, Rydberg allegedly stood at parade rest outside Bethesda Naval Hospital.

Author [Barry Keane](#) has interviewed Rydberg several times, and there are few indications in Rydberg's statements that he might have been present at the second autopsy making illustrations of Kennedy's wounds. However, he describes the casket Kennedy arrived in as "a grey steel coffin". According to Rydberg, he has made several unsuccessful attempts to be allowed to view the autopsy photographs in the National Archives in order to draw more accurate illustrations. I can't understand why it should be necessary to make revised illustrations as long as there are photographs showing the same wounds (the Warren Commission used the illustrations because they did not want to use the photographs). A more likely explanation is that Rydberg wants to see for himself whether the autopsy photographs actually depict how the wounds looked like when he probably made drafts for the illustrations of the wounds on the night of the second autopsy.

An "Order of Silence" was issued to [Rydberg](#) (his name is spelt Rydbery in Document 3) just like it was to those attending the autopsy/autopsies. I find it difficult to imagine why that would have been necessary if Rydberg only made illustrations based on oral descriptions from Drs. Humes and Boswell. Even more so, since those illustrations later were published in Volume XVI of the Warren Commission Hearings and Exhibits.

In 1977, HSCA requested the waiver or alteration of the "gag order" on the Navy personnel who attended the President's autopsy. In a letter ([Document 3](#)) from the Commanding Officer of the National Naval Medical Center, Bethesda to the Surgeon General, recommending the lifting of the order, all Navy personnel to whom an Order of Silence had been given, were listed, including Rydberg (Rydbery). In this letter, no distinction is made between Rydberg and the others. Instead, it refers to "personnel who were on duty and involved with the remains of President John F. Kennedy at this Center on 22 and 23 November 1963". And the letter cites the order itself, which reads:

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.

Hence, I think Rydberg was actually present during the second autopsy on the evening of November 23, and he may have made some draft illustrations on that occasion. It may well be that he subsequently made the *final* illustrations, which were presented to the Warren Commission by Humes, a few days before that presentation on March 16, 1964.

As to the Order of Silence mentioned above, it describes the time of the autopsy in a peculiar way, i.e. "on the evening of 22 November - 23 November 1963". This has commonly been interpreted as referring to the fact that the autopsy started on the evening of November 22, but was not finished, at least not the embalming and reconstruction of JFK's body, until about 4 a.m. on November 23. However, "night" would then have been a more proper word than "evening", as would a reference to "the night of November 22nd/23rd". Hence, I think it

is possible that the Order of Silence may refer to both evenings, and consequently to both autopsies, even though “evening” in singular form is used. Of course, they could not have used “evenings”, since that would have revealed that there were more than one autopsy.

That the order applies to two separate evenings also seems to be the interpretation of the Commanding Officer of the National Medical Center (J. T. Horgan) as of September 1977, since in his letter to the Surgeon General of the Navy he is referring to “personnel who were on duty and involved with the remains of President John F. Kennedy at this Center on 22 and 23 November 1963”. Those involved in the second autopsy might have been told that the order also applied to that particular night. A separate order of silence for the second autopsy might of course have been issued, but that would have carried the risk of revealing that event.

### ***Chester H. Boyers***

Chester H. Boyers was Chief Petty Officer in charge of the Pathology Department at Bethesda Naval Hospital in November 1963. He was interviewed by Mark Flanagan of the HSCA in 1978. Two HSCA documents were prepared by Mr. Flanagan from the same interview; i.e. [notes](#) from the interview and an [Outside Contact Report](#). Boyers also prepared an affidavit to HSCA about his duties in association with the autopsy, and he gave HSCA notes that he allegedly had made shortly after the autopsy.

From the information provided by Boyers in these [documents](#), I think Boyers must have attended both autopsies. According to the [FBI report](#) from the first autopsy by Sibert and O’Neill, Boyers was only present towards the end of that event:

AMC CHESTER H. BOYERS, U. S. Navy, visited the autopsy room during the final stages of such to type receipts given by FBI and Secret Service for items obtained.

Thus, Boyers typed a receipt for the bullet fragments those agents received during the autopsy that evening, as well as a receipt for the photographs and x-rays Kellerman received. However, Boyers stated in his affidavit that:

I frequently answered the calls coming in over the telephone that was located in the autopsy room. I do not remember any phone calls from Parkland Hospital, Dallas, or from the Kennedy family.

That does not seem to be true as far as the first autopsy is concerned. His description of the wounds also indicates he was present at the second autopsy, since he describes a large wound on the right side of the head extending from above the eyebrow towards the back of the head.

#### *Boyers’ description as reproduced by HSCA’s Mark Flanagan*

Concerning the wounds of President Kennedy, Mr. Boyers stated that there was a large wound to the right side and towards the rear of the head. Another wound was located in the upper back just under the scapula. Mr. Boyers also noticed that a tracheotomy had been performed.

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In regard to the wounds Boyers recalls an entrance wound in the rear of the head to the right of the external occipital protuberance which exited along the top, right side of the head towards the rear and just above the right eyebrow. He also saw an entrance wound in the right shoulder blade, specifically just under the scapula and next to it. Boyers also noted a tracheotomy incision in the neck.

#### *Boyers’ own description in his affidavit*

In regard to the wounds inflicted upon President Kennedy, I recall an entrance wound situated near the external occipital protuberance in the rear of the head which exited on the right side of the head above the right eyebrow and towards the rear. Another wound was located near the right shoulder blade, more specifically just under the scapula and next to it. I also observed that a tracheotomy had been performed on the President.

Boyers also stated that the morticians arrived to prepare the body approximately 1 a.m. or 2 a.m. in the morning, whereas on the evening on November 22nd (some of) the morticians arrived in the morgue about 8 p.m. (before



the autopsy had begun), and they actually started to prepare the body around 11 p.m. that evening, finishing around 4 a.m. Thus, he might be confusing what happened during the first and second autopsy.

Boyers also recalls in his notes that there “was much use of metal probes trying to locate the passage of the bullet from the right shoulder entrance”. He did not “believe the actual passage was proven to have exited, at the site of the tracheotomy, i.e., by probing - due probably to deflection by bone structure”. If he only visited the autopsy room during the final stages of the autopsy on November 22nd, as stated in the FBI report, he couldn’t have made those observations. Hence, these recollections seem to originate from the second autopsy.

Boyers mentions several persons that allegedly were present at the autopsy, but whose names were not listed in the FBI report prepared by Sibert and O’Neill. These persons were Dr. Karnei from the Lab Department, Dr. Ewing from the X-ray Department, an Army General Curtis (uncertain about his name; possibly Curtis LeMay from Joint Chiefs of Staff), the Chief of the Bureau of Medicine and Surgery (i.e. Surgeon General of the Navy; Admiral Kenney), an Army Major from the Forensic Medicine Unit of the AFIP (whose name he didn’t recall; might have been Lt. Col. Finck), and the Chief of Neurosurgery.

As discussed earlier, Dr. Karnei claimed he was present at the autopsy on November 22nd, whereas I believe he was only, or mainly, present in the autopsy room during the second autopsy. As mentioned previously, the Surgeon General of the Navy, Admiral Kenney, might have been present in or around the autopsy room that first night, even though his name was not recorded by the FBI agents. The Chief of Neurosurgery might have been the Chief of Surgery, David Osborne, who in my opinion was present at both autopsies (see below). Thus, Boyers’ recollections of persons attending the autopsy, indicates that he was also present at the second autopsy.

### ***David Osborne***

David Osborne was a Navy Captain and Chief of Surgery at Bethesda Naval Hospital in November 1963. According to the [FBI report](#) from the autopsy on November 22nd, Osborne did not attend the entire autopsy, but entered the autopsy room at some undisclosed stage of the procedures (apparently later than Finck).

During the course of the autopsy, Lt. Col. P. FINCK, U. S. Army Armed Forces Institute of Pathology, arrived to assist Commander HUMES in the autopsy. In addition, Lt. Cmdr. GREGG CROSS and Captain DAVID OSBORNE, Chief of Surgery, entered the autopsy room.

Osborne was interviewed by HSCA staff in June 1978, resulting in an [HSCA report](#). The following statements from that interview appear to be related to the second autopsy, strongly indicating that Osborne was present on that occasion.

Osborne said that when he entered the autopsy room the President's body was in the passageway.

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He could not remember anyone taking any notes.

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Osborne said that the President was fully dressed when the coffin was opened. Upon raising his shoulders to remove the coat, Osborne said that a slug rolled out of his clothing and onto the table. Osborne said that the slug was copper-clad and that the Secret Service or FBI took possession of this. Upon further inquiry, Osborne emphasized that the slug was a fully intact missile and not a fragment.

Osborne next said that a tracheostomy obscured the wound to the throat. He said, however, that once the doctors examined the wound closely they could determine that the bullet which entered the back passed through the throat. In regard to the head wound Osborne said that there was no question that the bullet entered the back of the head and blew off the top of the head. Osborne said that to his knowledge the morticians did not come to Bethesda.

Osborne’s claim about seeing a bullet was further discussed in the HSCA’s Medical Panel Report (HSCA Appendix to Hearings, [Volume VII](#)). They obviously didn’t believe in Osborne:

(84) In a committee telephone interview with Admiral Osborne, another issue arose. He stated that he thought he recalled seeing an intact slug roll out from the clothing of President Kennedy and



onto the autopsy table when personnel opened the casket and removed the clothing from the body of the President. (111)

(85) The committee reviewed thoroughly all documents and recontacted those persons who moved the body of the President from the casket onto the autopsy table and then prepared the body for examination. Paul K. O'Connor, who along with James Jenkins, had the duty of preparing the body for the autopsy, said the body had arrived at about 8 p.m. and was wrapped in a body bag, the head in a sheet. (112) O'Connor said he assisted in unwrapping the sheet (113) and could not recall any foreign object, specifically a missile, being discovered during the autopsy or while unwrapping the sheets. (114)

(86) Jenkins likewise said he could not recap any foreign objects being discovered or discussed and specifically could not recall any missile or fragments of a missile falling out onto the autopsy table or floor. (115)

(87) Throughout the committee's investigation, no one had ever mentioned the discovery of a missile in Bethesda Naval Hospital. The only bullet recovered was the one discovered at Parkland Memorial Hospital.

(88) Following this investigation, the committee recontacted Admiral Osborne and informed him that the body of the President had not arrived in any clothes, but was wrapped in sheets, (116) and that no one else recalled anything about the discovery of a missile. (117) Admiral Osborne then said that he could not be sure he actually did see a missile and that it was possible the FBI and Secret Service only spoke about the discovery of a missile. He did say he was positive only one bullet was ever recovered, whether it was discovered at Bethesda Hospital or Parkland Hospital. (118)

However, I think it is possible that Osborne actually did observe a bullet fall out of JFK's clothing at the beginning of the second autopsy. But, he probably realized he had made a mistake in revealing that the body had been dressed, so he withdrew his claim. According to the FBI report Osborne arrived in the morgue *after* the autopsy had begun, so he was probably not present there when the casket was opened at the first autopsy. Hence, his observations are probably related to the second autopsy when JFK's body arrived in a suit. The bullet might have been related to the new bullet wound they apparently had inflicted on the left side of JFK's upper back or above his right eye.

According to author [Aguilar](#) then Admiral Osborne wrote researcher Joanne Braun in 1990 that, "...a second (bullet) hit in the occipital region of the posterior skull which blew off the posterior top of his skull and impacted and disintegrated against the interior surface of the frontal bone just above the level of the eyes. I know this for a fact because I was the one who worked on his head, removing his brain and closed the skull so that he could have had an open casket funeral if so desired."

It may well be that Osborne, who was the Chief of Surgery, actually was the person that closed the wounds and did some reconstruction on President Kennedy's mutilated head after the second autopsy. After all, he did not recall any morticians coming to Bethesda after the autopsy.

### ***The autopsy pathologists: Drs. Humes, Boswell and Finck***

The three physicians performing the autopsy, Commander James J. Humes, Commander J. Thornton Boswell and Lt. Col. Pierre A. Finck, have not revealed much about a second autopsy in their testimonies before the Warren Commission, the HSCA or the ARRB. They knew, of course, how important it was to keep everything secret. Humes has been very clever at lying and deceiving in all his testimonies, Boswell a little less so, especially during his ARRB deposition, whereas Finck has been a poor liar, and he was apparently very afraid of revealing the truth both before the HSCA and the ARRB, where he answered many of the questions as briefly as he could by "Yes", "No", "I don't know" or "I don't remember".

All three pathologists have had difficulties in interpreting some of the autopsy photographs and x-rays, and they have had difficulties in locating or describing the head wounds of President Kennedy allegedly depicted in those images. Humes first placed the alleged wound of entrance in the occipital area of the head close to the hairline (in [discussions](#) with the Medical panel of HSCA), then moved it higher up ([testimony](#) before the HSCA), and then moved it back down again (ARRB [deposition](#); see from page 241 onward in his deposition). As will be discussed later, Boswell came to believe that the alleged wound of entrance through the occipital bone was not a simple hole

through the skull, as described in the autopsy report and on different occasions later by Humes and Finck, but was a notch on the edge of a larger defect (resembling their description of the exit wound on the right side of the head). Finck has been very reluctant to place the wound in photographs allegedly showing the right rear of Kennedy's head. There are also many other inconsistencies in their different testimonies, which indicate that they are lying about the wounds and the autopsy procedures they performed.

Still, there are some clues to the presence of a second autopsy in their testimonies. Of particular interest are their different versions of what happened between the completion of the (first) autopsy early on Saturday morning, November 23rd, and the signing of the autopsy report on Sunday afternoon, November 24th.

According to the report the three pathologists signed on January 26th, 1967 after reviewing the autopsy materials in the National Archives, the writing of the autopsy report took place on Saturday, November 23rd and on Sunday, November 24th. Interestingly, they don't state on which *date* the autopsy was concluded.

The autopsy began at approximately 8:00 P.M. on Friday, November 22, 1963, and was concluded approximately at 11:00 P.M. The autopsy report, written by Dr. Humes with the assistance of Dr. Boswell and Dr. Finck, was written on November 23 and the morning of November 24, and delivered by Dr. Humes to Admiral Burkley, the President's physician, on November 24 at about 6:30 P.M.

In later testimonies, however, Humes has some difficulty in separating Saturday, November 23rd, from Sunday, November 24th. When interviewed by the Forensic Pathology Panel of the HSCA, [Humes](#) described the following sequence of events with some assistance from Boswell:

Dr. HUMES: Having completed the examination and remaining to assist the morticians in the preparation of the body, we did not leave the autopsy room until 5:30 or 6 in the morning. It was clearly obvious that a committee could not write the report. I had another commitment for that morning, a little later, a religious commitment with one of my children. And so I went home and took care of that, slept for several hours until about 6 in the evening of the day after, and then sat down and wrote the report that's sitting before you now, myself, my own version of it, without any input other than the discussions that we thought that we had had, Dr. Boswell, Dr. Finck and myself. I then returned that morning and looked at what I had written— now wait, I'm a day ahead of myself— Saturday morning we discussed—

Dr. BOSWELL: Saturday morning we got together and we called Dallas.

Dr. HUMES: We called Dallas. See, we were at a loss because we hadn't appreciated the exit wound in the neck, we had been— I have to go back a little bit, I think for your edification. There were four times as many people in the room most of the time as there are in this room at this moment, including the physician to the President, the Surgeon General of the Navy, the Commanding Officer of the Naval Medical Center, the Commanding Officer of the Naval Medical School, the Army, Navy, and Air Force aides to the President of the United States at one time or another, the Secret Service, the FBI and countless nondescript people who were unknown to me. Mistake No. 1. So, there was considerable confusion. So we went home. I took care of this obligation that I had. To refresh my mind, we met together around noon on Saturday, 11 in the morning, perhaps 10:30, something like that and—

Dr. BADEN: Now this is the day after?

Dr. HUMES: The day after, within 6 or 8 hours of having completed the examination, assisting Waller's [sic; the morticians from Gawler's] and so forth for the preparation of the President's remains. We got together and discussed our problem. We said we've got to talk to the people in Dallas. We should have talked to them the night before, but there was no way we could get out of the room. You'd have to understand that situation, that hysterical situation that existed. How we kept our wits about us as well as we did is amazing to me. I don't know how we managed to do it as poorly or as well as we did under the circumstances. So I called Dr. Perry. Took me a little while to reach him. We had a very nice conversation on the phone [.....]. So, following that, and that discussion, and we having a meeting of minds as to generally what was necessary to be accomplished, and being informed by the various people in authority that our gross report should be delivered to the White House physician no later than Sunday evening, the next day, 24 hours later, or not quite 24 hours later. Not having slept for about 48 hours, I went home and rested from noon

until 8 or 10 that evening, Saturday evening, and then I sat down in front of other notes on which I had made minor comments, handwritten notes.

I wrote the report which is present here.[....]

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Dr. HUMES: Correct. Now, there are corrections and comments and changes of language in here. I think I'd have to go through them and with care to see if some of them are substantive or not substantive, and they are a result of meeting with Dr. Boswell and Dr. Finck on Sunday afternoon in the Naval Medical Center and going over them together. This document then was signed by all three of us, [....]. So, in any event then, this document was typed up under my immediate supervision by a woman, secretary to the Commanding Officer at the Naval Medical Center, and I personally hand-carried the written document to the office of the White House physician about 6 on Sunday evening.

According to Humes, the reason for not contacting the physicians in Dallas, was that he couldn't get out of the morgue, but there was a telephone in that room. And Humes reportedly called Dr. Finck around 8 p.m. to ask him come to Bethesda and assist them in examining the wounds. Humes claims he had to rest or sleep Saturday afternoon because at that time he hadn't slept for 48 hours. Well, on Saturday he had just stayed up one night doing the first autopsy, but his memory of about 48 hours without sleep that weekend seems to be correct when counting back from Sunday morning.

When testifying before the [HSCA](#) a little later, Humes remembered a slightly different chronology. Apparently, he did not meet with Boswell and Finck on Saturday morning, and he had spent Saturday afternoon/evening working on the report, rather than resting or sleeping. And in neither testimony does Humes make any mention of Boswell accompanying him home early Saturday morning.

Mr. CORNWELL: After it [the autopsy] was over, what did you do next?

Dr. HUMES: We stayed to assist the morticians and their associates to prepare the President's body.

Mr. CORNWELL: How many hours did that take?

Dr. HUMES: Until about 5 o'clock in the morning.

Mr. CORNWELL: Then, what did you do?

Dr. HUMES: After the President's body was removed, half an hour or so later, I went home.

Mr. CORNWELL: Did you get any sleep?

Dr. HUMES: Not too much. I had to take one of my children to a religious function that morning, but then I returned and made some phone calls and got hold of the people in Dallas, which was unavailable to us during the course of the examination, as you heard from Dr. Baden, and I couldn't agree more with the apparent findings of his panel as to problems that we had had and hoped they would never be repeated, and spoke with Dr. Perry and learned of the wound in the front of the neck and things became a lot more obvious to us as to what had occurred.

Mr. CORNWELL: And you finally began to write the autopsy report at what time?

Dr. HUMES: It was decided that three people couldn't write the report simultaneously, so I assumed the responsibility for writing the report, which I began about 11 o'clock in the evening of Saturday, November 23, having wrestled with it for 4 or 5, 6 hours in the afternoon, and worked on it until 3 or 4 o'clock in the morning of Sunday, the 24th.

In an article in The Journal of the American Medical Association ([JAMA](#)) in 1992, purportedly telling the plain truth about the autopsy, Humes and Boswell gave still another chronology of the events to reporter D. L. Breo. This time Humes allegedly called Dallas very early in the morning, and he spent most of Saturday drafting the report.

Humes and Boswell had remained at the morgue until 5 that morning, helping to embalm the President's body.

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Boswell says, "The mood in Washington was so apprehensive that the commanding officer of the US Naval Medical School, Capt J. H. 'Smokey' Stover, asked me to drive behind Jim to make sure that he got home safely."

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The explanation came sooner, the next morning [Saturday] at 7:30 when Humes called Dallas to talk to Dr Malcolm Perry, the surgeon who had performed the tracheostomy. "The light came on when I talked to Dr Perry," Humes says. "Of course, the bullet had exited through the neck."

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Humes spent most of Saturday, November 23, drafting the autopsy report. In the process, he burned his autopsy notes, but not really.

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Admiral Burkley wanted the autopsy report by midnight Sunday, November 24, and early Sunday morning Humes returned to the Naval medical school to go over his handwritten report with Drs Boswell and Finck. The three pathologists met in the office of Adm C. B. Galloway, the commanding officer of the National Naval Medical Center.

When interviewed by HSCA staff, [Boswell](#) said Humes had a draft report ready when they met on Saturday 23rd:

Dr. Boswell said the tissue people were given the tissue that was removed following the autopsy. He indicated that the slides were available about noon on the 23[r]d. He indicated that a microscopic report was dictated at that time. When the doctors got together on the 23rd, Dr. Humes arrived with a ".... reasonably good report of the gross findings."

Thus, according to Boswell, the slides were ready by noon on Saturday. For practical reasons that would have been highly unlikely, and Chester H. [Boyers](#) told HSCA staff in an interview and stated in an affidavit that he prepared the tissue slides on November 24 (Sunday). In his personal notes allegedly prepared shortly after the autopsy he states that: "The tissue of the autopsy were processed - on 23/24 November 1963 by HM3 Rednicki and I." And in his affidavit Boyers stated that the slides were prepared on November 24th:

I assisted in preparing for microscopic examination the various segments of organs and tissue removed during the autopsy. In this regard I recall preparing on November 24, 1963, twenty-two sections from the heart, lung, kidney, intestines, stomach, skin and other tissues normally removed during an autopsy.

Hence, if Boswell relates seeing the draft autopsy report to the time the tissue slides were ready for examination, the correct day must have been Sunday, not Saturday. The microscopic findings were not included in the autopsy report, but in the [supplementary](#) autopsy report apparently handed over to Admiral Burkley on December 6, 1963. Thus, Boswell must be wrong when stating that the "microscopic report" was dictated on November 23rd. But he might be correct about Humes having a draft report ready on Saturday. Thus, in the [letter](#) of transmittal of the autopsy report from Commanding Officer, US Naval Medical School, Capt. J. H. Stover, to the Commanding Officer, of the National Naval Medical Center, Adm. C. B. Galloway, it is stated that Capt Canada (Commanding Officer of the Naval Hospital) saw part of a draft report on Saturday:

The first draft of this report was sighted in part by CAPT R. O. CANADA, MC, USN on 23 November. The entire report has been sighted by RADM C. B. GALLOWAY, MC, USN, CAPT J. A. STOVER, Jr., MC, USN, the authors, and Mrs. E. Closson, Typist, on 24 November 1963.

In his [ARRB](#) deposition, Boswell describes the following sequence of events:

GUNN: [...] Who during the course of the autopsy took any records or notes that you recall?

BOSWELL: I think Jim Humes and Bob Karnei, who was our senior resident working with us that night, and myself did all the note-taking. And then Jim took our collected notes with him to write up the autopsy.

Q: Did he take them on the-- I guess very early on the morning of the 23rd, or did he take them later?

BOSWELL: He took them with him home at midnight. [.....]. And Smoky says, J, you take Jim home. So I got in my car behind Jim Humes, and I followed him home. And then I went home, and he stayed up the rest of the night writing up the autopsy.

Q: When did you first see a draft of the autopsy?

BOSWELL: The next morning.

Q: Approximately what time?

BOSWELL: Ten o'clock.

Q: What were the circumstances when you saw it? Did you go to his home, or was it at the hospital?

BOSWELL: I went to the hospital.

Q: Was the first draft, do you recall, handwritten or typed?

BOSWELL: Well, he had written— he had handwritten one, and then he rewrote it. And I don't know whether I saw that or-- I think maybe it was typed before I saw it. I don't think I ever saw a handwritten copy.

Q: Now, is it— well, did you see a version of the autopsy at about 10 o'clock at the hospital--

BOSWELL: Yes.

Q: --on Saturday? And that one was handwritten?

BOSWELL: No. That--

Q: That was typed?

BOSWELL: I'm almost sure that was already typed.

Q: Now, was it your understanding that Dr. Humes wrote a handwritten version immediately after the autopsy and that he then wrote a subsequent draft, handwritten again, and that one was subsequently typed?

BOSWELL: Yes.

Q: That's the chronology that you understand?

BOSWELL: Right.

Thus, according to Boswell's ARRB deposition, they left the morgue around *midnight*, rather than early in the morning, and Humes had finished a draft report by 10 a.m. *the next morning*, having stayed up the rest of that night preparing the report. When Gunn asks: "--on Saturday? And that one was handwritten?", Boswell apparently becomes hesitant after his initial "No", so Mr. Gunn unfortunately answers for him. It is of course, impossible to tell whether Boswell's "No" refers to the first question ("--on Saturday?") or the second question about the condition of the autopsy report. But by not letting Boswell answer himself, Mr. Gunn possibly prevented Boswell from revealing that "the next morning" was Sunday morning, and that there had been an autopsy Saturday night.

Because that morning could not have been Saturday morning. According to what Humes told the HSCA (with Boswell present), the two of them left the morgue around 5 a.m. on Saturday morning, and Humes had not written a draft report by the time the pathologists allegedly met at Bethesda a few hours later (Humes had rested and taken one of his children to a "religious function" that morning). Hence, Boswell reveals that the second autopsy finished around midnight November 23rd/24th, and that Humes then sat down and wrote a draft report during the rest of that night, which all three of them reviewed Sunday morning around 10 o'clock. That sequence of events is also consistent with Boswell's statements to HSCA about Humes having a draft report ready when the "the doctors got together on the 23rd", except for the date, which for obvious reasons he could not have stated was the 24th, since it was supposed to be the day after the (known) autopsy.

In his 1965 report about the autopsy to Brig. Gen. Blumberg, Dr. [Finck](#) does not mention a meeting with Humes and Boswell on Saturday morning (Finck is not specifically mentioned by Humes and Boswell either). He goes from describing the departure of JFK's body from Bethesda early Saturday morning to describing what happened on Sunday.

On Sunday 24 November 1963, I went to the Naval Hospital to help Cdr Humes who had written an autopsy report. Humes, Boswell and Finck, the three prosecutors, signed the Autopsy report in the Office of Admiral Galloway. (I had suggested several corrections in the autopsy report.

Commander Humes agreed. While we were checking the autopsy report in the Admiral's office, the Television announced the murder of Oswald by Ruby).

Similarly, in the Shaw trial in February 1969, [Finck](#) didn't mention any meeting with Humes and Boswell on Saturday in connection with Humes' telephone call to Dallas. And he gave the following testimony about the writing of the autopsy report.

OSER: Do you know when Dr. Humes contacted these doctors at Parkland?

FINK: As far as I know, Dr. Humes called them the morning following the autopsy, as far as I know, Dr. Humes called Dallas on Saturday morning, on the 23rd of November, 1963.

Q: Doctor, can you tell me why the delay in contacting the doctors that worked on President Kennedy in Dallas until the next morning after the body was already removed from the autopsy table?

FINCK: I can't explain that. I know that Dr. Humes told me he called them. I cannot give an approximate time. [...]

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OSER: Doctor, at the time of the autopsy, were either you or anyone of your two assistants, if I may call them that, Commander Humes and Commander Boswell, making any notes of what was going on and what you all were doing, that you can recall?

FINCK: I don't recall making notes at the time of the autopsy. As I recall, Dr. Boswell was making those notes.

OSER: Can you tell me how the final draft of the autopsy report which you signed along with Commander Humes and Commander Boswell came about? How was that put together?

FINCK: We signed that autopsy report, as I remember, on Sunday, the 24th of November, 1963, in the office of Admiral Galloway, who was one of the Admirals in charge of the Navy hospital. I had reviewed with Dr. Humes his draft of the autopsy report prior to that time, and, as I recall, the three of us, that is Humes, Boswell and myself, were present at that time in the office of Admiral Galloway on that Sunday, to the best of my recollection.

OSER: Doctor, I show you from [Volume 17](#), Page 30 through Page 47, and ask you if you would view the contents of those pages.

FINCK: Yes, sir. This is Volume 17 of the hearings before the President's Commission on the assassination of President Kennedy. I don't recall seeing Pages 30 through 44. What Dr. Humes and I did, we were discussing the wording of the final autopsy report based on a report he had prepared through the night, I should say through Saturday, in the course of Saturday, the 23rd of November, and he worked on this, and he read over to me what he had prepared. [...]

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OSER: Now, Colonel, in regard to your autopsy report, November, 1963, how much time did you spend on this particular report and its preparation?

FINCK: I cannot give you an exact figure. As I remember I was called by Dr. Humes who had prepared this report and he read it over to me at the Bethesda Hospital, and I would say I spent several hours with him and Dr. Boswell at the Bethesda Hospital before we signed it on Sunday, 24 November, 1963.

OSER: And did you have an occasion to read over the final draft, the one that you signed, Colonel?

FINCK: I did.

OSER: And you agree with everything that is contained. I believe, in that particular report of November, 1963, that you signed?

FINCK: Essentially I do.

By a slip of the tongue, Finck reveals in 1969 that Humes had written a draft report during the night before Sunday (a statement that Humes later had to confirm before HSCA and ARRB), but then he tries to correct himself by saying it had been written on Saturday.

The Medical Panel of the HSCA also asked [Finck](#) about the telephone call to Dallas, referring to his previous testimony in the Shaw trial. Finck doesn't trust his memory, and wants to check with his notes before answering. And again, Finck doesn't mention any meeting between the three pathologists on Saturday morning at Bethesda:

Dr. WECHT: Pierre, what is your best recollection as to the time, the circumstances under which you and your colleagues Humes and Boswell first learned about the fact that the tracheotomy wound that you had seen in the Navy autopsy had been superimposed upon a bullet wound in the neck?

Dr. FINCK: From what I remember it was a phone call from Dr. Humes to Dallas and that was after the autopsy. Does that answer your question?

Dr. WECHT: Well, when you say after the autopsy, would that be sometime on Saturday, November 23?

Dr. FINCK: This is someone -- Stop the tape. I will look for it.

Dr. WECHT: If I may tell you what you said, I know you said, "I think on Saturday morning or sometime Saturday, the 23rd." If you want to find it, go ahead. I just wanted to save you some time.



Dr. FINCK: Would it be satisfactory to say it was probably -- I know the phone call was made by Dr. Humes and we signed the report on Sunday and I would say that phone call was probably made on Saturday, the 23rd probably. Do you want me to look for it?

The contradicting statements from Humes and Boswell about the time the autopsy report was written, are probably due to the fact that they are confusing the two autopsies, and the need for an explanation why they delayed the writing of the autopsy report until the night between Saturday and Sunday. Unless they were awaiting a second autopsy on Saturday night, there would be no obvious reasons for Humes not to start writing the autopsy report on Saturday, rather than wait until the following night. If there ever was a meeting at Bethesda Saturday morning, it appears as if only Humes and Boswell was present. However, all three of them got together Saturday night for the second autopsy, which seems to have been completed around midnight. Humes then wrote the draft during the rest of that night, and then all three prosecutors met about 10 o'clock on Sunday morning to discuss and finish the report. Several hours later, on Sunday afternoon, they signed the final version of the autopsy report, which had been typed by the secretary of Admiral Galloway.

### ***James J. Humes***

Humes was very careful about what he was saying, and he was a clever liar, so he didn't reveal much, except what has already been discussed regarding the writing of the autopsy report. Obviously, he didn't like that other participants of the second autopsy didn't remain silent. Thus, in the interview with [JAMA](#) in 1992, Humes tried to quell the rumors about the President's body arriving in the casket in a body bag. I guess he knew very well how the talk about that got started.

There was no body bag anywhere near the scene. I cannot imagine how this talk about the President's body being delivered in a body bag got started, but it is absolutely false.

### ***J. Thornton Boswell***

Like Humes, Boswell has not revealed much about a second autopsy in his testimonies, except revealing the time of the event when describing the writing of the autopsy report. Moreover, as mentioned earlier, Boswell told [ARRB](#) that Robert Karnei was taking notes during the autopsy, whereas FBI agents Sibert and O'Neill did not record Karnei as being present at all in the morgue on the evening of November 22nd.

Boswell told the ARRB that they did dissect the organs of the neck during the autopsy (Page 26: GUNN: Were the organs of the neck dissected? BOSWELL: Yes.), whereas Finck stated in his [report](#) to Brig. Gen. Blumberg, in his testimonies in the [Shaw trial](#) (lengthy discussions about this), and before the HSCA and ARRB that the organs of the neck were not dissected or removed. Thus, Boswell might be confusing what happened during the two autopsies, since it is likely that they did dissect that region during the second autopsy to determine the bullet path.

Boswell is also very concerned about what some of the other participants of the second autopsy have revealed about what happened that night. And he obviously lies about not having received an [Order of Silence](#).

GUNN: Are you aware of any person connected with the autopsy who received any orders not to discuss any matters relating to the autopsy?

BOSWELL: No, because they blabbed from day one. Some of those corpsmen did. And they made some terrible mistakes and statements.

Q: Are there any mistakes in the statements of the corpsmen that come to mind now that you think should be corrected?

BOSWELL: Well, one was about the way the body arrived. There have been many stories about the casket that it came in, the wrappings around the body, and all those were distorted. The true fact was that the casket was a bronze casket that had a --when it arrived, it had a broken handle, and that had to be taken out of --he was brought in the morgue in that. And the casket was removed by the --by Gawlers, and then another one was brought in. And all kinds of stories were written about how first there was no body and no casket, and different kinds of caskets were described. Then the wrappings, the President arrived wrapped in sheets and a pillowcase around his head, and different stories were published about that.



### **Pierre A. Finck**

Like Humes and Boswell, Dr. Finck has not revealed much about a second autopsy, but then he has been extremely careful about making any statements at all ever since he was questioned in the Shaw trial in 1969. Both during the [Shaw trial](#), and in testimonies before the HSCA and the [ARRB](#), Finck has tried to avoid answering difficult questions by playing completely ignorant (“I don’t know”) or by acting as a person having a massive memory loss (“I don’t remember”) of what he participated in on November 22-24, 1963 (whereas he has a very good recollection of events not directly related to Kennedy’s autopsy). Similarly, when interviewed by [JAMA](#) in 1992, he did so by providing written answers to written questions, so that he could check with his notes and previous statements. Apparently, he is very afraid of making any wrong statements which may contradict the official story and reveal the truth. Although he is supposed to be an expert in the field of gunshot wounds, having reviewed hundreds of autopsy cases sent to him, including photographs and x-rays, he is not able to make simple judgements of what is depicted in the autopsy photographs and x-rays of President Kennedy.

When testifying before the medical panel of [HSCA](#) on March 11, 1978, he made such a bad performance in trying to locate in a photograph the alleged wound of entry in the back of JFK’s head, that he was given a second opportunity the following day, which was a Sunday. During the first session, Finck gives the following statements when they are discussing photograph No. 42, showing the rear of JFK’s head:

Dr. FINCK: Well, I would say that this was the wound of entry to the right of the external occipital protuberance. It is more accurate to determine an anatomic location when you have the wound itself on the dead body. On the photographs it is embarrassing, it is distorted as far as the angle of shooting is concerned, so you feel much more at ease when you have the dead body and the wounds to establish a location than when you have photographs.

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Dr. FINCK: We agree. And that wound was to the right, on the photographs it is. I see something here and I see something there but I remember the dead body itself and that wound was to the right of this. See, here again you have something here and something there but --

It appears as if Finck doesn’t have much confidence in what the photograph is supposed to show him. And maybe he is a little confused by the left-right reversal of the head in that photograph: “...that wound was to the right, *on the photograph that is*”. But on the body it was to the left of the area depicted in the photograph.

During the second session before the [HSCA](#), Finck was quite honest about why he was so reluctant to answer the questions:

How can I, I am always trying to give an honest, sincere answer, and I hesitate to give answers which I cannot strongly defend, so some of the questions I have answered by definitely, by yes or no, but at times I don't think I can be that specific. Because I can be asked, “well, how can you prove it?”

Obviously, Dr. Finck wouldn’t have had to worry about being asked such follow-up questions, or any type of questions about the autopsy, if he really could have proved what he and Humes and Boswell claimed in the autopsy report as regards the wounds on President Kennedy. But he can’t prove anything of that, and it seems to bother him to have to keep lying about it, so he uses the trick of not knowing or not remembering.

When discussing the back-of-the-head photographs in that second session before the HSCA, there is the following exchange between Dr. Finck and Dr. Weston before the transcript and tape end abruptly:

WESTON: Pierre, for many, many years I have done these kinds of examinations and I have gradually evolved an "M.O.", if you will, whereby I don't, you know, submit my report for final typing until after I have checked it with the photographs, just to be sure. Because frankly, I have frequently substituted right for left and left for right...

FINCK: Yes.

WESTON: And found measurements that, you know, were not consistent, were transcriptions errors, or something like that. Do you think it's possible that in the course of preparing this report, recognizing the limitations that you had without the photographs, and things like that, do you think

it's possible that that measurement relative to the occipital protuberance that's contained within the [END]

I would think the reason why the rest of this exchange has been deleted by someone, is that Dr. Weston comes very close to pointing out, by referring to his habit of confusing left with right, that the photographs may show the wrong side of the head (which actually is the case) or that Finck has confused left with right. Or maybe Finck did answer in such a way that the right-left reversal of several of the autopsy photographs would have become evident. And such answers certainly had to be deleted from the record.

In the [Shaw trial](#), Finck apparently states that the pathologists were given orders, *when in the autopsy room*, not to discuss the autopsy, both on November 22 and 23. Whether this refers to the first autopsy beginning on November 22 and extending somewhat into November 23 (the autopsy itself was finished before midnight), or to both the first and second autopsy, is a matter of speculation.

OSER: Can you give me the name of the General that you said told Dr. Humes not to talk about the autopsy report?

FINCK: This was not a General, it was an Admiral.

OSER: All right, excuse me, the Admiral, can you give me the name of the Admiral?

FINCK: Who stated that we were not to discuss the autopsy findings?

OSER: Yes.

FINCK: This was in the autopsy room on the 22nd and 23rd of November, 1963.

OSER: What was his name?

FINCK: Well, there were several people in charge. There were several Admirals, and, as I recall, the Adjutant [Surgeon] General of the Navy.

OSER: Do you have a name, Colonel?

FINCK: It was Admiral Kinney, K-i-n-n-e-y, as I recall.

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OSER: Were there any Admirals in uniform in the autopsy room?

FINCK: From what I remember, Admiral Galloway was in uniform, Admiral Kinney was in uniform, I don't remember whether or not Admiral Berkley, the President's physician, was in uniform.

### ***Thomas E. Robinson***

Thomas E. Robinson was one of the morticians from Gawler's Funeral Home preparing JFK's body for the funeral when the (first) autopsy was completed. He was interviewed by Purdy and Conzelman of the HSCA in 1977. In the transcript of the [interview](#) there is the following exchange:

PURDY: You said that later, when you read some things about the assassination or the autopsy, you heard or read some things which struck you as incorrect. What would those things be?

ROBINSON: The time the people moved (autopsy). The body was taken .... and the body never came ..... lots of little things like that.

Obviously, parts of Robinson's answer have been deleted from the tape. ARRB was made aware of this fact by Mr. [Wallace Milam](#) at its public hearing in Dallas, November 18, 1994. And he also told the Review Board that the tape with the interview had gone missing (to my knowledge it has still not been recovered). Yet, ARRB did not seem to make any attempt to clarify what Robinson actually meant when they [interviewed](#) him on June 21, 1996. Thus, we don't know exactly what Robinson had heard about what happened to JFK's body after the autopsy. But my interpretation is that Robinson told HSCA that he had heard (rumors) that JFK's body had been taken from the casket in the White House and that the body had not been brought back to the casket. Since such statements might have indicated or revealed the existence of a second autopsy, they had to be deleted by those taking care of the still ongoing cover-up during the work of the HSCA. If, on the other hand, Robinson's statements had been completely 'innocent', why would anyone bother to delete them and hide or destroy the original tape?

The rumors of something having happened to JFK's body might very well have originated among the morticians of Gawler's Funeral Home, since they were supposed to be 'in charge' of the body from the time they started the

embalming and reconstruction on the night of November 22nd/23rd until the casket was placed in the grave and the vault closed on November 25th. Thus, they state at the end of their [report](#):

Joseph Gawler and Joseph Hagan remained to see that the vault was securely closed and sealed and to spend a few moments saying goodbye to our martyred president and reflecting on four long days of 'caring' for President John Fitzgerald Kennedy.

However, there is no mention in their report of the casket being opened other than on the early morning of November 23rd:

An usher came up to agent Hill and informed him that Mrs. Kennedy would come down shortly and would like the casket opened for a few minutes. Joseph Gawler stood by to handle their request, and answer any questions.

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The casket was closed and the flag was draped over the casket. The body was lying in repose in the East Room, for the family and invited dignitaries [sic] to pay their respect on Saturday from 10 a.m. to 6. p.m.

Thus, the people from Gawler's might not have been allowed to open the casket after Saturday night, because JFK's body was not there or was severely altered, and this might have caused them to think that something suspicious was going on.

## RECONSTRUCTING THE TWO AUTOPSIES

Due to the conflicting accounts and many lies from most of the witnesses, it is extremely difficult to get to the bottom of what really happened during each of the two autopsies of President Kennedy. As stated previously, the FBI autopsy [report](#) by Sibert and O'Neill gives a fairly good account of what happened during the first autopsy on the evening of the assassination, including the conclusions the autopsy doctors had reached at the end of that event concerning the nature of the wounds. Then the official autopsy report told quite a different story, backed by the 'findings' from the second autopsy. [Sibert](#) correctly concluded to the ARRB that there were two autopsy reports:

There were many contradictions, as I said, what it boils down to, you had two autopsy reports. The one that's in the Archives pertaining to what occurred on the night of the 22nd of November with O'Neill and I reporting what happened there. And then you had the other one, the official autopsy report.

And you had what O'Neill and I had said repeated in those summary reports that were sent to Dallas, you know, out of Baltimore, by the Liaison Agent assigned to the case there. But then the findings and conclusions contained in the official autopsy report were completely different.

Obviously Sibert was not aware of the fact that the reason for the discrepancies between the two reports was that there had been two autopsies. Yet, when summarizing his testimony and reiterating the discrepancy between the two autopsy reports at the end of his ARRB deposition, Sibert unintentionally mentions two "autopsies", when he actually means two "reports". I guess that was the closest the ARRB ever was to revealing the truth about the assassination of President Kennedy.

SIBERT: [...] And I've covered what I consider the reasons for the two autopsies was that phone call made on Saturday morning by Humes to Parkland.

HORNE: The two reports?

SIBERT: Beg your pardon?

GUNN: When you say the two autopsies, you mean the official autopsy protocol and your version?

SIBERT: Yes, our version and the late Navy version.

GUNN: Right.

SIBERT: I think that we've covered it pretty well.

### The first autopsy on November 22nd/23rd

Since the first autopsy have been fairly accurately described in the [FBI report](#) by Sibert and O'Neill, in the following, an attempt is only made to clarify some issues that were not included in their report, either because they could not observe some of the procedures, or because they, at that time, didn't think it was particularly important to include certain things in their report.

The official objective of conducting an autopsy was to determine the nature of the wounds and the cause of Kennedy's death. This is what Humes told the ARRB:

When I was summoned to the Naval Medical Center – and, truthfully, I didn't know why I was being summoned there on the evening of the President's death – I met with the Surgeon General of the Navy, Admiral Kenny, and the commanding officer of the Naval Medical Center, Admiral Galloway. And Admiral Kenny basically gave me my marching orders, informing me that the President's body was being brought there, that I was to be responsible for determining the cause of his death, that I should keep the number of people that were going to work with me or assist me to the minimum that I might require.

Arrangements for the autopsy at Bethesda had been made by the Secret Service and the Navy Department. The two FBI agents, O'Neill and Sibert, apparently went on their own initiative to the Andrews Air Force base to meet Air Force One arriving with JFK's body, but once there, they received orders from FBI Director J. E. Hoover through the head of the Baltimore field office to observe the autopsy and obtain any bullet fragments that may be found within the body, i.e. to obtain evidence of who might have killed Kennedy.

Another objective of the autopsy was probably to prevent any suspicion from arising among the aids and relatives of JFK that the assassination was a conspiracy. However, the conspirators immediately ran into trouble. The wounds on President Kennedy as observed by medical personnel at Parkland Hospital, and by those present at Bethesda on the evening of November 22nd, were not particularly consistent with the lone-gunman-scenario they wanted everybody to believe in. The main purpose of the first autopsy then turned into revealing as little as possible about the wounds that didn't fit in with shots fired by Lee Harvey Oswald from above and to the rear of the limousine. Those 'errant' wounds included both the wound in the front of the neck, hidden by the tracheotomy incision, which already on Friday afternoon had been described by the doctors in Dallas as an entrance wound, and the large wound in the right rear of the head, the size of which suggested it was a wound of exit resulting from a shot from in front of the limousine. The wound in the upper back, on the other hand, was consistent with a shot fired from above and behind the President.

### ***Photographs and X-rays***

According to Sibert and O'Neill, all autopsy photographs and x-rays were taken at the beginning of the first autopsy before any incisions had been made on the body. This is clearly stated in their autopsy report (below) and has been repeated in their ARRB depositions:

Upon completion of X-Rays and photographs, the first incision was made at 8:15 p.m.

Still, the Medical Panel of the HSCA claimed (HSCA Appendix to Hearings, Volume VII, [page 11](#)) that the two agents had stated on page 3 in their report (reference 53) that x-rays had been taken both before and after incisions had been made. This was clearly a misrepresentation of the facts:

(58) Special Agents Sibert and O'Neill confirmed that the pathologists had X-rays taken before and after making incisions. (53)

Since Sibert and O'Neill had to leave the autopsy room, we have no independent observations of which photographs and x-rays were actually taken. In their [report](#) they mention x-rays of the "brain area" and "total body X-Rays", as well as x-rays of the piece of skull arriving from Dallas late in the autopsy, but they give no further details.

Dr. Ebersole described the chronology of taking the x-rays to the Medical Panel of the [HSCA](#). Since he was also present during the second autopsy, we can't know for sure whether all he says relates to the first autopsy.

EBERSOLE: [...] So prior to starting the autopsy we were asked to X ray the body to determine the presence of a bullet. We took several X rays of the skull, chest, trunk. These were taken in the autopsy room on the autopsy table. They were hand carried by me in their cassettes to what we designate as Tower Four, the forth floor of the hospital, handled by a dark room technician, given back to me and hand carried by me to the autopsy room.

The initial films showed the usual metallic fragments in the skull but no evidence of a slug, a bullet. This was a little bit disconcerting. We were asked by the Secret Service agents present to repeat the films and did so. Once again there was no evidence of a bullet.

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BADEN: Do you recall when you took the X rays in the sequence of taking X rays and you took the X rays initially before any incision was made in the body?

EBERSOLE: That is right.

BADEN: You took the head, chest, abdomen, extremities?

EBERSOLE: The order was skull first, then chest, then trunk.

BADEN: I see. When Colonel Finck came in these had already been taken?

EBERSOLE: Yes, and repeated once.

BADEN: Now when you say repeated, were X rays repeated after the autopsy had started? Do you have an independent recollection of that?

EBERSOLE: The second group of X rays were taken either before the incision was made or very shortly thereafter.

As discussed earlier, x-ray technician Edward F. Reed participated in taking and developing x-rays during the first autopsy. I think he mainly acted as an assistant to Jerrol F. Custer, rather than taking the x-rays himself, as he has later claimed. However, I believe his account of the early stage of the autopsy, including the sequence of taking the x-rays, is fairly accurate. When Reed testified before the [ARRB](#), he initially told them that he/they took the following 15 x-rays: 1 lateral skull, 1 anterior/posterior (AP) skull, 1 lateral cervical spine (neck), 1 AP cervical spine, 1 AP chest, 1 AP abdomen, 1 (AP) pelvis, 4 of the upper extremities (one each of the left and right arm and forearm), and 4 of the lower extremities (one each of the left and right thigh and leg). This sequence is similar to the one described by Ebersole.

These x-rays were not taken all in one series. According to Reed, they took one or more x-rays, went to the darkroom on the 4th floor and developed the film(s), came back to the morgue with the developed film(s), took more x-rays and ran off again to develop them. This was repeated several times. However, nothing happened with JFK's body between each time they took one or more x-rays. Reed thinks the photographs were taken before the x-rays. That is also what Humes said in his testimony before the [HSCA](#), but he partly contradicted himself in his ARRB deposition:

Mr. CORNWELL: Just very briefly, in what order or sequence did you conduct the autopsy?  
Dr. HUMES: Well, the first thing we did was make many photographs which we knew would obviously be required for a wide variety of purposes, took basically whole body X-rays and then proceeded with the examination of the two wounds that we very shortly detected were present, starting with the wound in the head and proceeding to the wound in the back of the neck, upper thorax.

In his ARRB testimony, Reed initially stated several times that all the x-rays were taken before any incisions had been made, but when shown the 14 autopsy x-rays from the National Archives, he modified his statements both concerning when the x-rays were taken (some after incisions had been made) and the number and types of x-rays taken. However, I think these amendments are adjustments on his part to fit in with his claim that he himself took all the autopsy x-rays of President Kennedy. Hence, his contradictory statements are related to the fact that most of the extant autopsy x-rays were taken during the second autopsy, which he did not attend, rather than to a poor memory of the first autopsy. He was, however uncertain whether they took one or two x-rays of each extremity. If they took only one, the total number of x-rays would be 11. Reed does not recall taking any x-rays of a separate bone fragment, but that fragment was allegedly x-rayed by Ebersole. The FBI report states that 11 x-rays were taken, but that number was given to the FBI agents by Humes, so we don't know whether that was the actual number of x-rays taken.

#### ***The first incision, the removal of the brain, and the arrival of Dr. Finck***

There are conflicting statements as regards where the first incision on the body was made. The FBI [report](#) by Sibert and O'Neill only states when the first incision was made:

Upon completion of X-Rays and photographs, the first incision was made at 8:15 p.m. X-Rays of the brain area which were developed and returned to the autopsy room disclosed a path of a missile which appeared to enter the back of the skull and the path of the disintegrated fragments could be observed along the right side of the skull.

Thus, it is not specifically stated where the first incision was made, but the remainder of that paragraph and the subsequent paragraph deals with x-rays and bullet fragments from the head. Consequently, it is likely that the first incision was made in the head in order to remove the brain. When testifying before the ARRB, neither Sibert nor O'Neill specifically recalled where the first incision had been made, but at that time both of them thought it was the Y incision on the chest and abdomen.

However, from other statements it is clear that the first incision was made in the head in order to remove the brain. Moreover, the pathologists were first only granted permission, allegedly from Mr. Kennedy (or Admiral Burkley), to perform a limited autopsy in order to examine the wounds in the head and the back. When no bullet could be found in the back, this permission was extended to do a complete autopsy, with examination of the thoracic and abdominal cavity. Thus, it would seem likely that they started with the head wounds and proceeded to the chest, like Humes told HSCA (above).

X-ray technician Edward F. Reed told the [ARRB](#) that the first incision was on the head after they had finished taking *all* the x-rays of the body:

GUNN: Okay. You've described the sequence of the taking of the X-ray films. Can you tell me whether there were any incisions that were performed on the body between the time of the first X-ray and the time of the last X-ray that you took?

REED: As far as I know, no.

Q: When you brought the last of the X-rays that you had developed back to the morgue, had there been any incisions performed on the body at that time?

REED: No.

Q: Were you present during the time of the first incision?

REED: Yes.

Q: What was the first incision?

REED: The cranium. The scalp, right here.

Q: And can you describe how that procedure -

REED: Commander Humes made an incision. After we brought all the X-rays back, we were all allowed to sit up in the podium and observe. And Commander Humes made an incision - that I could see from my vantage point - an incision in the forehead, and brought back the scalp.

Q: Okay.

REED: Like this.

Q: And you were making a line first across the top of your forehead, roughly along the hairline -

REED: With a scalpel.

Q: - and then pulling the scalp back.

REED: That's correct. Just like this.

Q: And were you able to see the size of the wound when the scalp -

REED: Not from my - not from where I was, no. The podium was a good 20 feet away.

Q: What else did you observe from where you were with regard to any incisions or operations on the head?

REED: Well, after about 20 minutes, Commander Humes took out a saw, and started to cut the forehead with the bone - with the saw. Mechanical saw. Circular, small, mechanical - almost like a cast saw, but it's made -

Q: Sure.

REED: - specifically for bone.

Q: And what did you see next?

REED: We were asked to leave at that time. Jerry Custer and myself were asked to leave.

Q: Do you know why you were asked to leave?

REED: Because we were - No more assistance - our assistance was not needed. X-rays were done. And someone decided that we weren't needed, and they asked us to leave.

Q: Did you see the brain removed?

REED: No.

Q: Did you go back into the morgue at any time that evening?

REED: No, I did not.

Q: Did you see any incisions on the chest at all?

REED: None.

As regards the removal of the brain, the three pathologist have been reluctant to admit that they actually had to make an incision through the scalp and saw through the bones of the skull, as Reed described. Of course, they wanted everybody to believe that the scalp and skull in the top of JFK's head was so damaged from an alleged exit of a bullet in that area, that no cutting and sawing was necessary.

[Boswell](#), in his deposition before the ARRB, denied that they had to make any incisions in the scalp or saw through the skull bones in order to remove the brain. But he confirms that the first incision was in the head for removal of the brain.

GUNN: At what point during the autopsy was the brain removed?

BOSWELL: I can't be sure, but I think that we did the brain first before we did the dissection of the thorax and abdomen. But I can't be sure about that. I mean, normally, it would be the last thing to



be done. But since it was the prime thing in the autopsy, I sort of have a feeling that we did that first. But I won't say for sure.

Q: Was it necessary to make any incisions in the scalp in order to remove the brain?

BOSWELL: No.

Q: Was it necessary to saw any of the bones in the cranium?

BOSWELL: No.

Q: Who was it who removed the brain?

BOSWELL: I think Jim Humes did, but I can't be sure of that.

Q: Do you recall whether there were any difficulties in conjunction with removal of the brain?

BOSWELL: No.

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Q: Do you recall whether Colonel Finck arrived before or after the brain was removed?

BOSWELL: Oh, before.

Humes also told the ARRB that Finck arrived before any incisions had been made. Indirectly Humes admits that all the x-rays and photographs were taken at one time at the beginning of the autopsy ("around the time we were taking.."):

GUNN: Do you recall approximately where in the procedures that Dr. Finck arrived?

HUMES: Oh, pretty early. As soon as I saw the nature of the thing, before we did anything, I called Dr. Smith back and said, you know, send us this chap. I didn't know him. I had never laid eyes on him before. And so I would say around the time we were taking X-rays, photographs, or both.

Q: Was he – Dr. Finck – there at the time the cranium was being examined?

HUMES: Oh, sure. He was there through the whole examination, basically. If he missed anything, it was when we were taking the preliminary photograph and stuff.

According to Finck's own statements and testimonies he did not arrive in the autopsy room until *after* the brain had been removed. But he has given conflicting statements as to which autopsy procedures had been performed before his arrival. In his report to his superior at the AFIP, Brig. Gen. [Blumberg](#), he states that x-rays of both the head and chest had been taken, and the organs of the chest had been removed before he arrived. He also wrote that no sawing of the skull was necessary to remove the brain:

On the recommendation of Brigadier General Blumberg, Director of the Armed Forces Institute of Pathology and at the request of Commander Humes, MC, USN, Director of Laboratories, Naval Medical School, who called me at home by telephone, I went to the National Naval Medical Center, Bethesda, Maryland, where I arrived at approximately 2030 hours on 22 November 1963. The autopsy of President Kennedy was in progress. The radiologist had studied the radiographs of the head revealing numerous small metallic fragments.

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I arrived at the Naval Hospital at 2030 hours. [...] Rear Admiral Galloway, Commanding the Naval Center, Cdr Humes and Cdr Boswell, MC, USN, Chief of Pathology, showed me the wounds in the President's head. The brain, the heart and the lungs had been removed before my arrival. X ray films of the head and chest had been taken.

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The autopsy had been in progress for thirty minutes when I arrived. Cdr Humes told me that he only had to prolong the lacerations of the scalp before removing the brain. No sawing of the skull was necessary.

In the [Shaw](#) trial in 1969 Finck made the following statements about his arrival and the removal of JFK's brain:

OSER: What time did you arrive at Bethesda Naval Hospital in regard to the autopsy? By that I mean was the autopsy already begun?

FINCK: When I arrived, X-rays had been taken of the head. I had been told so over the phone by Dr. Humes when he called me at home, and I arrived, I would say, a short time after the beginning of the autopsy, I can't give you an exact time, it was approximately 8:00 o'clock at night.

Q: Had any work been done on President Kennedy's body in regard to the performing of the autopsy by the time you got there?

FINCK: As I recall, the brain had been removed. Dr. Humes told me that to remove the brain he did not have to carry out the procedure you carry out when there is no wound in the skull. The wound was of such an extent, over five inches in diameter, that it was not of a great difficulty for him to remove this brain, and this is the best of my recollection. There were no removals of the wound of entry in the back of the neck, no removal of the wound of entry in the back of the head prior to my arrival, and I made a positive identification of both wounds of entry.

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Q: When were these X-rays taken and when were they made available to you?

FINCK: When I arrived at the hospital at approximately 8:00 o'clock at night on the 22nd of November, 1963 X-rays of the head had been taken prior to my arrival, and Dr. Humes had told me so over the phone when he called me at home, asking me to come over. After I found the wound of entry in the back of the neck, no corresponding exit, I requested a whole body X-ray, the purpose of having whole body X-rays of an autopsy is to be sure there is no -- in a case like that, no bullet in some part of the body that would remain there, leave with the body and nobody would know that it was there, that is the reason for X-rays, because X-rays will reveal the presence of a bullet, the presence that no operation or autopsy, as complete as it may be, may definitely reveal, was my reason for those body X-rays.

Q: Did you get the whole body X-rays?

FINCK: I requested them, and we waited, I would say, an hour or more for these whole body X-rays, and they were interpreted by a radiologist of the Bethesda Hospital who had reviewed those, so the X-rays of the head showing numerous fragments, but he stated that there was no entire bullet remaining in the cadaver, there were fragments, metallic fragments in the head, but there was no bullet in that cadaver.

Similarly, Finck told the Medical Panel of the [HSCA](#) that he arrived after the removal of the brain. According to what Humes had told him, virtually no sawing had been necessary in order to remove the brain.

Dr. PETTY: All right. Now if I understand you correctly, then there was a restriction; that is, that the organs of the head or the head only should be examined, is that correct?

Dr. FINCK: At the beginning there was that restriction. As a matter of fact, when I reached the hospital, as far as I can remember, the brain had been removed.

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Dr. BADEN: Dr. Finck, just so I understand, when you arrived the brain had already been removed from the cranial cavity.

Dr. FINCK: As far as I remember, yes.

Dr. BADEN: And at that point when you arrived, did a decision have to be made as to whether to proceed further or not in the autopsy?

Dr. FINCK: Having only X ray films of the head, I am the one who suggested the whole body X ray survey before going further, as far as I remember, to rule out the presence of an intact bullet in that cadaver. See, having a wound of entry in the upper back/lower neck and at the time of autopsy no wound of exit and only X ray films of the head showing numerous metallic fragments, I am the one who asked for that whole body X ray survey.

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COE: If I understood you, you said that the head post had already been done at the time you arrived.

FINCK: The brain had been removed.

COE: How had the skull cap been taken off to remove the brain?

FINCK: In that respect Dr. Humes told me that the fractures of the top and right side of the head were so extensive – that wound was about 13 centimeters in diameter, it was a very large one. The fractures were so extensive, there was so much fragmentation of the skull that Dr. Humes did not have much sawing to do or he may not even have had any sawing to do.

COE: You mean he did not have to extend around to the left side of the head to remove the brain intact?

FINCK: He may have had a little sawing to do but as compared to an intact skull where you have to do complete sawing to remove the calvaria, the skull cap. That was not the case because of the extent of the fractures and damage to the skull.

COE: Did you see the wound of entry in a separate piece of bone that was handed to you or was that still hooked on to the body?

FINCK: It was definitely attached to the body, the wound of entry.

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Dr. BADEN: Were you present when these color photographs were taken of the head?

Dr. FINCK: I was at least for some of them. I remember positively that a Navy photographer took pictures and I wanted pictures of the crater in particular because this is a positive finding for a wound of entry in the back of the head. So, I wanted a picture showing no crater from the outside and a clearcut crater from the inside, but I don't know.

Dr. COE: You mean some of these pictures were taken after the brain had been removed?

Dr. FINCK: I don't know. The sequence of photographs, I was there when some of the photographs were taken.

Dr. COE: I am a little confused because you said before the brain had been removed before you came.

Dr. FINCK: As far as I remember.

Dr. COE: Then if you were there when photographs were taken of the head, it must have been after the brain had been removed.

Dr. WECHT: What Dr. Coe means is before you stated when you got there the brain had been removed, right?

Dr. FINCK: I think so.

Dr. WECHT: So if you remember that pictures were taken at your specific request, then what John is asking therefore by definition, one or more pictures of the head were taken after the brain had been removed.

Dr. WESTON: He mentioned the crater specifically.

Dr. FINCK: Yes, and I don't know if all the pictures were taken in my presence.

Dr. COE: I just wonder how much distortion we are getting from that. We have a lot of distortion.

Finck is apparently not so sure whether he arrived before or after the brain had been removed, since he modifies his answers in the Shaw trial and before the HSCA by the words "As I recall" and "As far as I remember". That Finck might have arrived before the brain had been removed is also suggested by the following incident from the autopsy that Finck told Mr. Oser about when questioned in the [Shaw](#) trial:

FINCK: Wait. I was called as a consultant to look at these wounds; that doesn't mean I am running the show.

OSER: Was Dr. Humes running the show?

FINCK: Well, I heard Dr. Humes stating that -- he said, "Who is in charge here?" and I heard an Army General, I don't remember his name, stating, "I am." You must understand that in those circumstances, there were law enforcement officers, military people with various ranks, and you have to co-ordinate the operation according to directions.

Q: But you were one of the three qualified pathologists standing at that autopsy table, were you not, Doctor?

FINCK: Yes, I am.

Q: Was this Army General a qualified pathologist?

FINCK: No.

Q: Was he a doctor?

FINCK: No, not to my knowledge.

Q: Can you give me his name, Colonel?

FINCK: No, I can't. I don't remember.

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Q: Now, can you give me the name then of the General that was in charge of the autopsy, as you testified about?

FINCK: Well, there was no General in charge of the autopsy. There were several people, as I have stated before, I heard Dr. Humes state who was in charge here, and he stated that the General answered "I am," it may have been pertaining to operations other than the autopsy, it does not mean the Army General was in charge of the autopsy, but when Dr. Humes asked who was in charge here, it may have been who was in charge of the operations, but not of the autopsy, and by "operations," I mean the over-all supervision.

According to what Humes told the ARRB, this incident with the Army General, who was General Wehle, happened outside the morgue before JFK's casket arrived in the Navy ambulance.

GUNN: Prior to the arrival of President Kennedy's body, did you see any Secret Service or FBI officials?

HUMES: No. I had one interesting encounter in that regard. When I found out what the problem was, I went downstairs and got into a scrub suit which I was going to wear to conduct the autopsy. And it was a brand-new morgue. [...] And it had a loading dock outside, and that's where they were going to bring the President's body. So I walked outside to see what was going on. A lot of people – oh, I saw a guy with a speed graphic camera in the building and didn't feel like running after him myself. So I went out to this loading dock, and several people were milling around. And I said, "Who's in charge here?" And some general said, "I am." Well, it turns out he was in charge of the military district of Washington. That was his role. [...]

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Q: Previously, you made reference to the commanding general for the military district of Washington.

HUMES: Yes.

Q: Was that General Wehle?

HUMES: You got me. You know, he told me, he said he was in charge, and I heard later that that was his role. I said to somebody else, "Who's that guy? And that's what they said; he's the CO of the military district of Washington. I never saw him before or since, didn't know who he was then.

Q: Was he present at all during the autopsy?

HUMES: No, he was not. Or if he was, I didn't know he was there. Let's put it that way. I don't think he was at all.

If Finck heard Humes speak with Wehle, and if that conversation took place outside the morgue, Finck must have arrived at Bethesda before the autopsy started, but he may not have entered the morgue immediately upon arrival there. If, on the other hand, the conversation took place in the autopsy room, Humes must be lying about this incident. According to the FBI agents, Wehle only visited the autopsy room towards the end of the autopsy, which suggests that Humes' version is correct and Finck is lying about the time of his arrival.

Finck allegedly arrived between 8:00 p.m. and 8:30 p.m., whereas the first incision was made 8:15 p.m. Hence, he probably arrived before the brain had been removed, just as Boswell and Humes told the ARRB. Moreover, if Finck was the one who asked for a whole body x-ray survey, as he claimed he did, then he would have had to be there before any incisions had been made, since all x-rays were taken before the first incision. But Finck is not willing to admit that, nor is he willing to lie about it by stating unequivocally that he arrived after the brain had been removed. So that's probably why he is so evasive.

If Finck really arrived before the brain had been removed, why is he not willing to admit it? That is difficult to understand. A possible explanation is that it had been decided well before the autopsy started that Finck would participate. But those organizing the autopsy may have wanted to make his appearance look somewhat improvised, so that the autopsy would not appear as a well-planned event. In addition, the other pathologists apparently waited a while for Finck's arrival before they started with the autopsy proceedings (another indication that he arrived before any incisions were made), which might have given those in charge (Humes, Boswell, Burkley, Galloway) extra time to plan how to proceed with the autopsy after the initial inspection of JFK's body.

Returning to the removal of the brain, in his testimony before the Warren Commission [Humes](#) indicated that they had to make some incisions and saw a little bit to get access to the cranial cavity:

To better examine the situation with regard to the skull, at this time, Boswell and I extended the lacerations of the scalp which were at the margins of this wound, down in the direction of both of the President's ears. At that point, we had even a better appreciation of the extensive damage which had been done to the skull by this injury.

We had to do virtually no work with a saw to remove these portions of the skull, they came apart in our hands very easily, and we attempted to further examine the brain, and seek specifically this [bullet] fragment which was the one we felt to be of a size which would permit us to recover it.

In his ARRB deposition [Humes](#) finally admitted that they sawed through the coronal suture (between the parietal and frontal bones) and extended this 'incision' towards the rear of the skull:

GUNN: But just let me start out first: Where was the first incision made?

HUMES: I believe, of course, the top of the skull to remove the skull plate of the brain. To remove what remained of the calvarium and to approach the removal of the brain.

Q: And was that incision simply of the scalp, or did you need to cut--

HUMES: No, we had to cut some bone as well.

Q: Where did you make the incision on the scalp?

HUMES: Where we usually-- in the coronal plane, over the coronal suture. Of course, half of it was already-- I mean, you know, it wasn't a neat incision because part of it was over the large defect that was already present.

Q: So did you make any incisions in the scalp other than the one that would be roughly from either right to left or left to right, roughly over the coronal--

HUMES: No, we didn't make any others.

Q: So there were none front to back along--

HUMES: No. There were lacerations of the scalp in several different directions, but, no, we didn't make any other incision.

Q: Where did you cut the bone?

HUMES: I find that-- it's hard to recall. Once we got the scalp laid back, some of those pieces could just be removed, you know, by picking them up, picking them up because they were just not held together very well, other than by the dura, I suppose. So other than that, we probably made it like we normally do, in a circumferential fashion from books, like right above the ear around. But it was a real problem because it was all falling apart, the skull. And I can't recall the details of exactly how we managed to maneuver that, because it was a problem.

During his interview with [ARRB](#), mortician Thomas E. Robinson drew dotted lines on an anatomical skull [drawing](#), showing roughly where the doctors had sawed through the skull bones. He thereby confirmed that there was an incision through the coronal suture, and that this incision in the skull bones was extended backwards on either side of the head towards the rear of the skull.

Removal of President's Brain: Robinson drew dotted lines on the drawing he executed of the posterior skull which shows the wound between the ears. When asked by ARRB staff what the dotted lines represented, he said "saw cuts." He explained that some sawing was done to remove some bone before the brain could be removed, and then went on to describe what is a normal craniotomy procedure, saying that this procedure was performed on JFK. He seemed to remember the use of a saw, and the scalp being reflected forward.

If the pathologists did saw through the skull "like we normally do, in a circumferential fashion from books, like right above the ear around", as Humes put it, and as Robinson indicated, then they would have had to saw through the occipital bone close to the level of the external occipital protuberance, i.e. close to the alleged wound of entrance in the back of the skull. That is probably why Dr. Coe of HSCA's Medical Panel asked Finck whether he saw the wound of entry in a separate piece of bone (i.e. the detached skull cap) that was handed him. The HSCA had the three pathologists draw the alleged wound of entrance onto a skull, where the normal incisions through the skull bones for removal of the brain are also evident. [In that skull](#) they placed the wound of entrance a little below the saw cut through the skull (HSCA Appendix to Hearings, Volume VII, pp. 114-115).

If there *really* had been an entrance wound in that area, it would have been fairly easy to take photographs of it from the inside of the skull after the skull cap had been removed. And if Dr. Finck's account was true, the other pathologists would have sawed through the skull and removed the skull cap *before* Dr. Finck, the wound ballistics expert, allegedly had arrived to look at the wounds in the head. Then the alleged large exit wound would have been removed with the skull cap before Finck had arrived to examine it in its original site. But then there probably never was a small wound of entry in the occipital bone or a large wound of exit in the anterior, top portion of JFK's head on the evening of November 22nd.

It is quite possible that the pathologists tried to avoid sawing too much in the skull, because it would leave straight saw cuts that would be visible in the subsequent x-rays, which they already at this stage might have realized they needed. Photographer Stringer told the [HSCA](#) that “the doctors had to crack the skull somewhat to get the brain out, though they didn't have to saw it off.” This suggests that they made some saw cuts, but also applied force to break loose some parts of the skull. The lateral x-ray ([No. 2](#)) confirms that they sawed through the coronal suture, and that they also made a saw cut through the parietal bone (see later).

Even though the head wound was the most important wound to JFK, the early removal of the brain, might have served the purpose of diverting the attention of the audience away from the large defect in the right rear of the head. Once the incisions in the top of the head had been made, the scalp had been reflected and the skull cap had been removed, it might have been very difficult for the observers in the room to get a good impression of the extent and location of the original large wound in the back of the head. Moreover, with the scalp reflected and the skull cap removed, the opening in the top of JFK's head might have had a very strong resemblance to the large head wound that later turned up in the autopsy photographs of President Kennedy. Thus, in the photographs showing the right side of the [head](#), it seems as if the scalp has merely been reflected backwards, and the (anterior part of the) skull cap behind the coronal suture, as well as portions of the frontal bone in front of the suture, have been removed (Figure 1). So during most of the first autopsy, after the brain had been removed, JFK's head may have appeared as it does in the extant autopsy photographs.

This confusion between how JFK's head looked like before and after the incisions in the head had been made is very evident in the ARRB depositions of FBI agents Sibert and O'Neill. Thus, both of them told the ARRB that the photographs showing the right side of the head and shoulder ([NA:26](#)) was largely consistent with what they had seen during the autopsy. Here is part of the exchange between Mr. Gunn and [O'Neill](#):

O'NEILL: [...] I didn't realize it was that large.

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GUNN: I'd like to ask you whether that is how the body appeared to you on the night of the 22nd?

O'NEILL: Yes. Boy, what a mess. Yeah, I didn't realize it.

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Q: But you'd say, in a general way, that looks -

O'NEILL: As a general description of what occurred— or a general depiction of what occurred, yes.

Q: All right, so-

O'NEILL: I mean, what it looked like. Yes.

So what O'Neill actually confirms here is that the photograph shown to him ([NA:26](#)) resemble what JFK's head looked like *during* the autopsy. On this occasion he is not questioned whether this is how the head looked like *before* the autopsy started. And that is two totally different questions.

As to the brain itself, there are several statements from independent witnesses that it was badly damaged, and that it showed no similarity to the brain that was later depicted in the autopsy photographs. Thus, I think JFK's brain was later switched with a different brain on which damages consistent with the official bullet path through JFK's head had been inflicted.

### ***Examinations of wounds and looking for bullets***

Apparently there was not an extensive search for a missing bullet within the body aided by x-rays during the first autopsy. Moreover, according to the FBI autopsy report, the wound in the back was discovered or examined during the “latter stages” of the autopsy. They probed that wound with a finger (Humes) and with a metal probe (Finck), and found that the bullet had supposedly entered in a sharply downward direction into the body. But they found no exit and concluded that the bullet, which reportedly had been found on a stretcher at Parkland Hospital, had worked its way back out when cardiac massage had been performed on the President.

The pathologists seem to have largely ignored the tracheotomy incision in the front of the neck. There were no suggestions to the audience that there might have been a bullet wound in that incision. In a FBI [memorandum](#) by O'Neill and Sibert dated June 29th, 1966, they state:



Mr. THOMPSON [FBI supervisor] also asked if the Pathologist conducting the autopsy had made any mention of a bullet passing out of the neck at the point that the tracheotomy had been performed [sic; performed] at Parkland Hospital, at Dallas, Texas. He was advised that no such statement was made and that in fact the Pathologist was quite concerned concerning injury in the back and could not find a point of exit for this bullet neither could he find the projectile. Mr. THOMPSON was further advised that at that time Agent SIBERT had telephonically contacted SA CHARLES L. KILLIAN in the Firearms Section at the Bureau at which time it had been ascertained that a bullet had been found on a stretcher in the Parkland Hospital and this information was relayed to the Pathologist conducting the autopsy who stated that in all probability this accounted for no bullet being found in the body in the back region and that such had probably been worked out by cardiac massage which had been performed when the President was on a stretcher at Parkland Hospital.

Sibert told the same in his ARRB deposition:

GUNN: Was there any discussion during the part of the autopsy that you attended related to the throat wound in the anterior or the front part of the throat having any connection with any bullet entries or exits?

SIBERT: No, not at all. That was taken as a straight tracheotomy.

Q: Did you see any incisions, or enlargements of, or any medical procedures around - related to the anterior neck wound?

SIBERT: No. It was very evident the incision itself - I mean, where the tracheotomy had been made.

Q: But the doctors, during the autopsy, didn't do anything with that, that you observed?

SIBERT: No, they did not.

When discussing the tracheotomy wound in the front of JFK's neck during his [ARRB](#) deposition, it seems as if Humes nearly makes a slip of the tongue.

HUMES: My problem is, very simply stated, we had an entrance wound high in the posterior back above the scapula. We didn't know where the exit wound was at that point. [...] So early the next morning, I called Parkland Hospital and talked with Malcolm Perry, I guess it was. And he said, Oh, yeah, there was a wound right in the middle of the neck by the tie, and we used that for the tracheotomy. Well, they obliterated, literally obliterated --when we went back to the photographs, we thought we might have seen some indication of the edge of that wound in the gaping skin where the --but it wouldn't make a great deal of sense to go slashing open the neck. What would we learn? Nothing, you know. So I didn't-- I don't know if anybody said don't do this or don't do that. I wouldn't have done it no matter what anybody said. That was not important. I mean, that's....

After the telephone call to Dr. Perry in Dallas, Humes "went back to the *photographs*" and looked if he could see an indication of a bullet wound in the tracheotomy wound. Well, on Saturday morning he didn't have the photographs, and anyway, it wouldn't have made much sense to "go slashing open the neck" in those photographs. He might have made that telephone call during the night of November 22nd, before the first autopsy had been completed, as [Ebersole](#) stated several times in his testimony before the Medical Panel of the HSCA, but Humes has denied that.

When interviewed by [ARRB](#) (pages 61-63), Dr. Perry and Dr. McClelland seemed to confirm that there was a telephone call from Humes on Saturday morning, but Perry's statements also suggest that he had talked to Humes already on Friday ("he said he'd call me next morning"). When questioned by Mr. Specter of the Warren Commission, [Dr. Perry](#) first said he received two telephone calls from Humes on Friday afternoon, but then changed his mind about the timing to Saturday morning. In his interview with [HSCA](#) staff in 1978, Perry is again very evasive as to when he spoke with Humes for the first time:

FLANAGAN : Dr. Perry, could you go over and describe the conversations that you subsequently had after treating the President at Parkland with Dr. Humes, the surgeon who performed the autopsy?



PERRY: Yeah. This won't be too accurate, Mark, because I found out, interestingly enough, that later I had my dates a little bit fouled up. They called me twice and I couldn't remember – I didn't write 'em down. I've learned to keep better records since then, but -- and I didn't remember exactly when they called me and about what, but I was called twice back from Bethesda. And the conversation of the first one, as I recall, and I need, I should go back and look at my testimony in my notes here and I haven't done that, I guess, I should have to find out exactly what we're talking about on that first one. But we discussed the thing and I told him about the tracheostomy wound and told him that I had cut right through the small wound in the neck. And Dr. Humes at that time had described that they had had a little difficulty tying up that posterior entrance wound -- as allegedly to be an entrance wound, I shouldn't get in this hot water -- that posterior wound with the -- couldn't find out where it went. And they surmised that during the cardiac massage and everything that perhaps the bullet had fallen out -- which seemed like a very unlikely event to me, to say the least. But at any rate, when I told him that there was a wound in the anterior neck, lower third, he said: "That explains it!" I believe that was the exclamation that he used – because that tied together their findings with mine. Now there was a second call about the chest tubes, I think. And I believe that was the next day. I'm not sure of that. Maybe they called me twice that morning.

PURDY: At one point in your testimony, to help clear it up with you, you said that the calls came about 30 minutes apart.

PERRY: Was it twice in the same morning? It's possible. There should be something in the record of that. They had a record of it, Andy, and I just don't remember, you know. [...]

I think it is likely that Humes called Perry (who might have been at home at that time) during the autopsy on Friday night, and then called him back on Saturday, when Perry was at Parkland, to ask further questions and to ensure that a telephone call was recorded as having taken place at that time. So, if Humes actually spoke with Dr. Perry during the autopsy on November 22nd, he could have gone back to JFK's body and checked if there were signs of a bullet wound there, without letting the observers in the autopsy room know, of course. And mortician Robinson's recollection of a probe through the tracheotomy incision, indicates that they did take a closer look at the wound when the morticians worked on the body after the first autopsy had been completed. Anyway, they probably did not examine the wound and neck area thoroughly until the second autopsy on Saturday night.

The pathologists might also have been informed during the first autopsy about the bullet wound in the neck by either Burkley, Kellerman or Greer, who had been at Parkland Hospital, and certainly knew about it. After all, the pathologists knew about the external cardiac massage the president had received at Parkland. And Finck's evasive answers ("Probably not.") when questioned about it by [HSCA](#), suggest the pathologists knew more than they were willing to admit:

Mr. PURDY: What was your confusion that you had said -- I am not sure that you used the word "confusion." I think you used a word to describe the state of mind when you could not find the track and you could not find an exit wound and you could not find evidence of a bullet. How did you resolve that confusion that night during the autopsy?

Dr. FINCK: By asking for the X ray films.

Mr. PURDY: And what was the answer?

Dr. FINCK: There was no bullet remaining in the cadaver.

Mr. PURDY: What did you conclude about where the bullet must have gone?

Dr. FINCK: I don't know when that news came regarding the wound of exit in the front of the throat. Part of the tracheotomy decision, I don't know.

Mr. PURDY: Our previous testimony before the Warren Commission [sic; the Shaw trial] indicates that it was the next day, it was Saturday, November 23, when the phone call was made which was, as you said, after the autopsy which means, is it not correct, that you did not know when the autopsy was finished that there was a wound of exit in the front of the throat?

Dr. FINCK: Probably not. That sounds all right.

Mr. PURDY: When the autopsy was concluded, then what did you think could have happened to the bullet if it was not in the body and didn't exit the front of the body?

Dr. FINCK: It is hard to say now but I don't know. With no bullet shown on X ray films, a wound of entry in the back, I don't know.

So I guess the pathologists knew about the bullet wound in the throat during the first autopsy, but they choose to suppress that piece of information, because the doctors in Dallas thought it was a wound of entrance, i.e. having been caused by a shot fired from in front of President Kennedy. At that point the pathologists apparently had no intention of associating the wound in the back with the wound in the throat. And it was probably impossible for them to suggest such a connection in front of the audience in the morgue, since the wound in the back was located far too low in the back (below the scapula) to make such a connection plausible.

Instead, the back wound was probably initially supposed to be associated with a bullet found on a stretcher at Parkland. But someone in Dallas did a poor job and placed the bullet on the wrong stretcher, i.e. on Governor Connally's stretcher. So they soon had to abandon that explanation, and come up with an explanation of where the bullet went that hit Kennedy in his upper back, since they had already stated there was no bullet in the body. Moreover, they soon found out that too much had become known about a bullet wound in Kennedy's throat, reportedly a wound of entry, so they needed an exiting bullet through that wound. That is probably why they later had to associate the back wound with the throat wound, which necessitated a relocation of the former from below the scapula up towards the base of the neck. But by Friday night, November 22, the pathologists didn't worry about that, so they concluded that the bullet had worked its way back out of the back wound.

The main focus during the first autopsy seems to have been on the fatal head wound, particularly the examination of skull x-rays for bullet fragments. O'Neill and Sibert don't recall that any measurements were given concerning the location of a point of entry in the rear of the skull. From their report, they apparently believed that the large defect itself was the entry wound, being caused by a fragmenting bullet (they apparently still believed this when testifying before the ARRB).

The FBI agents were *told* that the *top portion* of the skull piece that was brought in from Dallas (i.e. from the limousine) comprised the probable point of exit of the bullet, but they were not shown the piece itself or x-rays of it. The metal fragments in the skull x-rays allegedly indicated a bullet path from the rear of the head towards the right side of the skull, but there were no independent radiologists there to interpret the x-rays. O'Neill and Sibert do not seem to have questioned the authority of the pathologists, but seem to have accepted without reservation, that the large defect in the rear of the skull represented a wound of both entrance and exit. Thus, their autopsy [report](#) states several times the probable bullet path through the head, as relayed to them by Humes:

X-Rays of the brain area which were developed and returned to the autopsy room disclosed a path of a missile which appeared to enter the back of the skull and the path of the disintegrated fragments could be observed along the right side of the skull.

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Also during the latter stages of the autopsy, a piece of the skull measuring 10 x 6.5 centimeters was brought to Dr. HUMES who was instructed that this had been removed from the President's skull. Immediately this section of skull was X-Rayed, at which time it was determined by Dr. HUMES that one corner of this section revealed minute metal particles and inspection of this same area disclosed a chipping of the top portion of this piece, both of which indicated that this had been the point of exit of the bullet entering the skull region.

On the basis of the latter two developments, Dr. HUMES stated that the pattern was clear that the one bullet had entered the President's back and had worked its way out of the body during external cardiac massage and that a second high velocity bullet had entered the rear of the skull and had fragmentized prior to exit through the top of the skull. He further pointed out that X-Rays had disclosed numerous fractures in the cranial area which he attributed to the force generated by the impact of the bullet in its passage through the brain area. He attributed the death of the President to a gunshot wound in the head.

It is astonishing that Dr. Humes already during the first autopsy managed to establish as a 'fact' that President Kennedy had been hit by a bullet in the rear of the skull, which had exited through the *top* of the skull on the right side, even though there seems to have been no major damage to the top of the skull at that time. However, by that time the conspirators had no evidence of the alleged bullet path as far as x-rays and photographs were concerned, so they needed a second autopsy to produce some kind of 'evidence' for that claim.

Those in charge of the autopsy also knew it was extremely important that nothing became publicly known from the first autopsy as regards the nature and location of the President's wounds, and the 'conclusions' the

pathologists had reached at that point, since they knew the evidence they planned to fabricate would contradict that. And discrepancies between the original wounds and the official wounds might have lead somebody to suspect that there was a conspiracy behind the assassination. Hence, an order of silence was issued to all the Navy personnel attending the autopsy, and similar orders seem to have been issued to Army and Secret Service personnel.

Moreover, according to a [memorandum](#) written by O'Neill and Sibert, "the Admiral in charge of the hospital" told *everybody* present at the autopsy that everything they had witnessed that night should be regarded as confidential and should not be discussed. This admiral seems to have been Admiral Galloway, since he was the commanding officer of the National Medical Center, Bethesda, which also included the Naval Hospital and the Medical School. But Galloway's name is not specifically stated in the two FBI memorandums. Finck, on the other hand claimed during the Shaw trial that the Surgeon General of the Navy, Admiral Kinney, had given him/them the order not to discuss the autopsy with anyone. It is also noteworthy that the Kennedy family never requested during the autopsy that the autopsy results should be kept secret. The [memorandum](#) written by O'Neill and Sibert states:

RAUPACH was advised that one of the Senior Medical Officers had made the statement prior to the termination of the autopsy that "what had gone on in this room tonight should remain confidential and should not be discussed outside of that room".

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Mr. THOMPSON again asked if any member of the KENNEDY family had requested that the results of the autopsy be maintained confidential and was informed that no mention had been made by any members of the Military or other personnel attending the autopsy, that the KENNEDY family had requested that the results of the autopsy be held in confidence, however one of the Senior Members had stated that and cautioned individuals in attendance at the autopsy that this matter should not be discussed after leaving this room.

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He [Mr. Mc DERMOTT] was advised that the Admiral in charge of the hospital at the conclusion of the autopsy requested all members who had attended the autopsy to keep the findings of the autopsy confidential.

In a [memorandum](#) about the same telephone conversation with Bureau supervisor Thompson, Sibert wrote:

Mr. THOMPSON was advised that at no time while the autopsy was in progress did either ROBERT KENNEDY or Mrs. JOHN F. KENNEDY make their appearance. Furthermore, from the time that agents arrived at the National Navy Medical Training Center, Bethesda, until the autopsy was completed, no individual present made any remark indicating that a member of the KENNEDY family had requested that the autopsy report be kept confidential.

Mr. THOMPSON was again informed that one of the senior medical officers prior to the termination of the autopsy had informed all present that "What has gone on in this room tonight should remain confidential and should not be discussed outside of this room."

## The second autopsy on November 23rd

Based on the autopsy photographs and x-rays and the aforementioned excerpts of the testimonies from those I think were present during the second autopsy, we might attempt to reconstruct what happened during that event. The second autopsy seem to have been conducted in the evening of Saturday, November 23rd, being completed around midnight, November 23rd/24th. We can assume that during Saturday the conspirators had obtained additional information from Dallas about what had happened in Dealey Plaza and what had become known about the wounds from the statements of the doctors attending Kennedy at Parkland Hospital. So they knew roughly how the wounds had to look like in order to conform to or counteract that information and, and most importantly, to conform to a scenario where President Kennedy had been hit by two shots fired from the 6th floor of the TSBD.

The following persons seem to have attended the second autopsy:

Dr. James J. Humes (presumably in charge); Dr. J. Thornton Boswell; Dr. Pierre A. Finck; Dr. James H. Ebersole; Dr. Robert Karnei; Dr. David Osborne; Jerrol F. Custer (X-ray technician); Paul K. O'Connor (laboratory technologist); Chester H. Boyers (Pathology Department); Harold Alfred Rydberg (medical illustrator); Robert Knudsen (photographer); Richard Lipsey (military observer); Samuel Bird (military observer); and possibly William Bruce Pitzer (photographer/movie film);

In addition, it is likely that Adm. Calvin B. Galloway, commanding officer of the National Naval Medical Center, and Capt. James H. Stover, Jr., commanding officer of the Naval Medical School, were present during parts of the autopsy, since they were in charge of the facilities. Thus, Richard Lipsey told [HSCA](#) that: "Occasionally somebody would just come into the room, turn around and walk out, one of the hospital staff-type people. But I don't remember who it was."

The autopsy itself seems to have taken place in the same autopsy room at the Naval Medical School, Bethesda, where the first autopsy had been performed the night before. However, the body of President Kennedy was apparently not brought directly from the casket in the East Room of the White House to the morgue at Bethesda. When the body arrived at Bethesda, new wound(s) had already been inflicted on the right side of the head. In addition to a very large wound in the parietal/temporal/frontal area, there seems to have been a small wound in the forehead above the right eye, just below the hairline (see ARRB interviews with [D. David](#) and [J. O'Donnell](#)).

According to Jerrol Custer, the body arrived at Bethesda from the "Walter Reed compound". Thus, it is possible that the body was first brought from the White House to that facility, in order to inflict the new wounds to the head. And I would assume that Lt. Col. Finck, the wound ballistic expert of the Armed Forces Institute of Pathology at Walter Reed Army Hospital, was the mastermind behind the new wound(s). Whether they fired a bullet through JFK's forehead or created that wound by other means, is impossible to tell. The large "defect" on the top of the head might simply have been created by reflecting the scalp towards the rear of the head, and removing some of the skull bones on either side of the coronal suture. There were already incisions/cuts in the scalp and skull in that area, made in connection with the removal of the brain during the first autopsy.

The body of JFK was apparently brought to Bethesda in a grey metal shipping casket carried by a black hearse. In the casket, the body was lying in a body bag. The body was still dressed in the suit they had put on Kennedy before they had brought him to the White House in the early morning that day. The head, with the recently inflicted wounds, was apparently wrapped in a plastic bag. Both the head and the body was covered with blood, so they had apparently soaked the body with fresh blood to make the wounds look fairly fresh.

It is likely that the sutures on the head, which the morticians had used when they closed the wounds at the completion of the first autopsy, had been removed before arrival at Bethesda in connection with the mutilation of the right side of the head. It is also likely that the Plaster-of-Paris that the morticians had placed within the skull, had been removed before the body came back to Bethesda. The large hole in the back of the head, in the center, which the morticians had partly closed by stitching the scalp to a piece of rubber dam within the skull, seems to have been opened up again. Thus, a large defect could be seen in that area in the original photos Knudsen possessed, but that defect was subsequently 'repaired' by retouching. Custer claimed he saw an "apparatus" within the skull, which might have been some remnants of the Plaster-of-Paris, which by the time of the second autopsy had hardened and possibly stuck to the skull bones.

The sutures of the tracheotomy wound in the throat had apparently not been removed before the body came to Bethesda. Thus, Ebersole remembered a sutured wound there. Since the body was dressed when it arrived in the morgue, it is also likely that the sutures of the Y incision on the chest had not been removed prior to its arrival. Custer told the ARRB he was asked to leave the morgue once JFK's body had been put on the autopsy table, and he was not called back until about an hour later when the autopsy was in progress. Paul K. O'Connor told the [HSCA](#) a similar story about having to leave the morgue. Thus, it seems as if the autopsy doctors asked their assistants to leave the autopsy room, and then removed the sutures and the other traces of the first autopsy and the subsequent reconstruction of the body with as few witnesses as possible present.

The main purpose of the second autopsy was obviously to document the relocated massive head wound by means of a new set of autopsy photographs and x-rays. In addition, wounds and bullet fragments in the wrong locations had to be concealed from the photographs and x-rays, respectively. As to the photographs, additional retouching and left-right reversal of the images had to be used to achieve this. All the photographs (camera originals), from which the extant set of photographs from the general autopsy were produced, were obviously taken during the second autopsy. The photographer seems to have been Robert Knudsen.

The photographs seem to have been taken at different stages of the autopsy, or to put it more correctly, at different stages of the mutilation of the head. The photos showing the left side of the head and shoulder, the right side of the head and shoulder, and the photos showing the anterior/right aspect of the head and upper torso, seem to have been taken first. At this point only the right side of the head had been mutilated. After that a hinged flap was created on the left side of the head, before taking the photos showing the head/upper body from the rear (the original photographs were subsequently reversed left-right). Thereafter, the scalp on the top of the head was badly lacerated and the skull in the left parietal area mutilated before taking the photographs showing the superior view of the head. The photos showing the "missile wound of entrance in posterior skull with scalp reflected" are very difficult to orient, and most of the head is hidden. It is therefore very difficult to determine at which stage those photographs were taken, but they might have been taken before any of the others, since part of the parietal bone immediately posterior to the coronal suture is visible (see later). Whereas in the photographs showing the right side of the head, the skull cap with the parietal bone is not visible. Since the photographs were taken at different stages of mutilation of the head, there are some mutual differences between them.

As to the x-rays, my assumption is that those taken after the brain and the thoracic and abdominal organs have been removed, were taken during the second autopsy, since all x-rays were taken before the first incision during the first autopsy. Hence, it seems as if at least 7 of the 11 images of the head/body were taken during the second autopsy. These comprise x-rays Nos. 1-3, 7, 8, 10, and 11. The HSCA claimed that x-ray No. 14 had been taken after the organs had been removed, whereas x-ray technician Reed said the organs were still there. I have not seen that x-ray, so I don't know what is correct. It would, however, seem strange that the conspirators would have replaced an x-ray of that part of the body, which probably showed no bullet fragments.

In addition, three x-rays ([Nos. 4-6](#)) were taken of the three skull fragments allegedly arriving from Dallas (from the Presidential limousine) during the (first) autopsy, but which were probably fragments from the top portion of the skull (portions of frontal bone; see later) removed during the second autopsy (or fragments from a different skull). Those fragments were allegedly x-rayed by Custer the next day (Sunday). It also seems likely that Custer took all the other x-rays during the second autopsy.

The only x-rays that were retained from the first autopsy, among those in the extant set at the [National Archives](#), were Nos. 9, 12, 13, and possibly 14. None of the extant x-rays seems to show the portion of the cervical spine (C3/C4 area) where Custer claimed there were numerous bullet fragments. Reed also claimed he had taken lateral and anterior/posterior x-rays of the neck during the (first) autopsy, which he did not find among the extant x-rays.

The inconsistencies between the skull x-rays and the autopsy photographs, and apparently also between the lateral and AP skull x-rays, might be related to the fact that they were taken at different stages of mutilation of JFK's head. Dr. Petty of HSCA's Medical Panel inadvertently pointed this out when discussing the x-rays with Humes and Boswell during their [interviews](#) with the panel:

Dr. PETTY: Well, I think there may be more bone apparently lost than is actually lost in the X-rays. We don't know when those X-rays were taken. Dr. Humes, do you by chance know at what



phase of the autopsy the X-rays were taken? Were these taken before the brain was removed or after?

Dr. HUMES: Yes. All of the X-rays were taken before any manipulations were performed.

Dr. BOSWELL: Some of the bone fragments though, are partially extruded, as we see in X-ray No 1.

Dr. HUMES: Some of them were adhered to partially torn scalp.

Dr. BOSWELL: Which accounts for some of the missing bone.

Since I have little experience with interpreting x-rays, and since the autopsy x-rays available on the Internet (Nos. 1, 2, 4, 8 and 9) have a fairly low resolution, I will only make a few comments on x-ray No. 2. My guess is that x-ray No. 2, which purports to show the right side of the skull, with the rear of the head fairly intact, actually shows the left side of the skull. Even Humes indicated when looking at that x-ray during his ARRB deposition, that one can't be sure which side of the skull is seen on an x-ray:

GUNN: You're pointing to the top left portion of the brain slightly above--

HUMES: Well, I don't know whether it's left or right. You can't tell that from this. Don't say that because there's no way of telling that it's left. An X-ray doesn't tell you whether it's left or right.



**Figure 8** Autopsy images of President Kennedy. The x-ray allegedly showing the right side of the skull has been flipped over and compared with photographs showing the left side of the head. In the x-ray [top right] there is discontinuity in the skull at the level of the coronal suture (1) where a saw cut was made during the first autopsy. The straight 'fracture' line in the parietal bone at (2) indicates that this is also a saw cut. The lines indicate where cuts were made in the skull on the left side in order to remove the skull cap and brain. A comparison with the left profile photo [left] indicates the upper rear of the skull had been removed when that photo was taken. (3): Peculiar dark lines; possibly sutures from the reconstruction of the head after the first autopsy. (4): The fracture line or saw cut in the x-ray bears a strong resemblance to a cut in association with the bone flap in front of the ear in the photograph [bottom right]

X-ray No. 2 show no damage in the occipital area (rear of the skull), where there obviously was some damage in the right side of JFK's skull. Unless they have managed to repair that damage or forged the x-ray after the original image of the right side was taken, they would have had to use the left side of the skull to depict the right side. And the bone flap visible on the left side of the head (on the right side before reversal of the photographs) seems to fit with the damage in the skull (Figure 8). Moreover, X-ray No. 2 shows clear evidence of the first autopsy. Thus, there is a break in the top of the skull in the area of the coronal suture, i.e. where they sawed through the skull in order to remove the brain. And there is a straight 'fracture line' in the parietal bone, which I think is where they sawed through the bone to remove the skull cap (Figure 8).

Since the brain had been removed long before the extant three skull x-rays were taken during the second autopsy, any metal fragments seen in those x-rays, obviously do not represent fragments within the brain, but some of them may be original bullet fragments attached to the skull bones. Additional fragments may have been placed on the skull during the second autopsy to obtain the 'correct' bullet path through the brain.

As to possible bullet fragments in the chest area, these may have been located on initial x-rays and removed by dissection, in order to create x-rays showing no fragments. Thus, O'Connor told [HSCA](#) that the doctors had been examining the back of President Kennedy and appeared to be "...very interested in it .... to see what the spine looked like."

In his ARRB deposition, x-ray technician [Edward Reed](#) claimed that during the (first) autopsy he had put two negative films in each film cassette, so that two negatives had been exposed for each x-ray exposure. He then developed only one of the negatives of each pair, and kept the other film until the end of the autopsy, at which time he destroyed the latent images on all the undeveloped films by exposing them to light.

This procedure might also have been used to 'remove' bullet fragments from the x-ray images. If the developed image of the pair showed a bullet fragment, the exact location of this fragment on the corresponding undeveloped film could have been determined (assuming that the two negatives were exactly superimposed on each other in the film cassette). Then the particular area(s) showing bullet fragment(s) could be masked on the undeveloped image (preventing contact with the developer) before it was developed. When developed, the second x-ray would probably show no fragments at all. This would have been a much easier procedure than having to remove the fragments from the body by dissection. Whether this procedure was used during the first and/or second autopsy or not at all, I don't know. But the fact that Reed volunteered that he had put two negatives in each cassette, suggests that that may be the case.

In addition to taking new sets of photographs and x-rays, an important objective of the second autopsy seems to have been to determine the path of the two bullets that had entered in the front of the neck and below the shoulder in the back of President Kennedy, respectively. The latter bullet had apparently not exited from the body, so the pathologists spent a major part of the second autopsy looking for that bullet, or of fragments thereof. Thus, Lipsey told the HSCA how the doctors were cutting through all the internal organs in their search for that bullet. In addition, they seem to have used x-rays as an aide when looking for that bullet. O'Connor claimed to [HSCA](#) that he had heard that a fragment of that bullet had been found in an intercostal muscle (between the ribs) on the right side.

The bullet paths seem to have been explored by means of metal probes. Karnei recalled, when interviewed by HSCA, that the body had been photographed with probes through the body. And photographer Robert Knudsen described in detail before the HSCA how they had put at least two metal probes through the body, which he allegedly had seen by merely looking at a negative when developing the film. One probe connected the wound in the front of the neck with a wound high in the back of the neck, close to the rear of the skull. The other probe went from the posterior to the anterior aspect of the thorax (back to chest). Although Knudsen recalled the latter probe going through the body, indicating that the bullet had exited, the purpose of that probe was probably merely to suggest the general direction of the bullet into the body from the posterior side of JFK.

The probing apparently determined that there was a bullet path between the tracheotomy wound in front of the neck and a wound high in the back of the neck, close to the skull. Then there was a second bullet path much lower from below the shoulder in the back (posterior thorax) into the chest cavity. Since the pathologists were looking for bullet fragments within the thoracic (and possibly the abdominal) organs by slicing them apart, it seems as if they believed that part of that bullet had entered the thoracic cavity.



The doctors at Parkland Hospital also believed that a bullet had caused some damage to the thoracic cavity and/or the lungs since some blood emerged from the two chest tubes they placed within that cavity, whereas the autopsy pathologists claimed that the tubes had never been inserted into the chest cavity. In their [autopsy report](#) they stated that the incisions only went as deep as the subcutaneous tissue:

Incisions were made in the upper anterior chest wall bilaterally to combat possible subcutaneous emphysema.

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Situated on the anterior chest wall in the nipple line are bilateral 2 cm. long recent transverse surgical incisions into the subcutaneous tissue.

Humes was, from his telephone conversation(s) with Dr. Perry, probably fully aware of the fact that the chest tubes had been used for drainage. But in his Warren Commission testimony, [Humes](#) presented the following lie:

Commander HUMES: [...] So when we examined the President in addition to the large wound which we found in conversation with Doctor Perry was the tracheotomy wound, there were two smaller wounds on the upper anterior chest.

Mr. DULLES: These are apparently exit wounds?

Commander HUMES: Sir, these were knife wounds, these were incised wounds on either side of the chest, and I will give them in somewhat greater detail.

These wounds were bilateral, they were situated on the anterior chest wall in the nipple line, and each were 2 cm. long in the transverse axis. [...] Their intention was to incise through the President's chest to place tubes into his chest.

We examined those wounds very carefully, and found that they, however, did not enter the chest cavity. They only went through the skin. I presume that as they were performing that procedure it was obvious that the President had died, and they didn't pursue this.

However, [Dr. Perry](#) told Mr. Specter of the Warren Commission, that they really had inserted the chest tubes into the thoracic cavity of President Kennedy, and the other Parkland doctors said the same in their testimonies:

The wound in the trachea was then enlarged to admit a cuffed tracheotomy tube to support respiration. I noted that there was free air and blood in the superior right mediastinum.

Although I saw no injury to the lung or to the pleural space, the presence of this free blood and air in this area could be indicative of a wound of the right hemithorax, and I asked that someone put a right chest tube in for seal[ed] [drainage](#). At the time I did not know who did this, but I have been informed that Dr. Baxter and Dr. Paul Peters inserted the chest tube and connected it to underwater drainage.

Dr. Perry reiterated this when interviewed by [HSCA](#) staff. We may notice that Dr. Perry took it for granted that the autopsy report was correct about there being *no* injury to the chest cavity, although his own observations had strongly suggested that some damage had occurred. Yet, he thought it was strange that the autopsy report hadn't stated that the chest tubes had been used for drainage of the thoracic cavity.

PERRY: [...] And we completed placing the tracheostomy tube into place and hooked him up to the respirator. Because there was some bruising and also some bubbly-looking blood over on the right parietal [sic; parietal] pleura upper portion of the chest, why I thought perhaps there might also have been a hemo or pneumo thorax, I asked Dr. Baxter to put in a right chest tube, which he did. [...]

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P/F: You described the use of the chest tubes to determine whether or not there was any pneumothorax or hemothorax.

PERRY: Actually, not to determine, Andy, but to treat. I didn't know whether there was, and I surmised there might well be a hemothorax or a pneumothorax because, not knowing the trajectory of the missile, and when I saw the bruised avical [sic; apical] pleura and there was some bubbly blood in that area, and I didn't know whether that blood had been frothed a little bit as a result of air coming out of the trachea in our attempts to breathe for him, or whether it was coming out of the lung. And as a result, since a tension pneumothorax or a serious chest injury could have obviously

been a serious problem, why, we elected to put in a chest tube. The chest tube I later learned was not necessary because the chest cavity was not violated, but I didn't know that at the time. It wasn't done diagnostically, it was done therapeutically.

P/F: How did you determine that the pleura cavity was not violated?

PERRY: I found that out later in the autopsy report.

P/F: Was your feeling at the time that you finished your treatment that the pleura cavity had been violated or .....

PERRY: Didn't know. Didn't have any idea. We didn't do any more after Dr. Clark and I decided that resuscitation failed, why, I didn't do anything else. So I don't really know. I didn't find that out until some time later.

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P/F: As you recalled, your testimony says that the second conversation you had with Dr. Humes was in regard to the placement of the chest tubes for drainage of the chest cavity.

PERRY: It's interesting to me, and I'm not being critical, but it's interesting to me that the pathology report does not reflect that. The autopsy report said that those incisions were made to combat subcutaneous emphysema, which is not in the current jargon, a viable therapeutic technique.

So there seems to have been some damage to the thoracic cavity, most likely from the bullet hitting President Kennedy in the back below his right scapula. The fact that most of the extant autopsy x-rays of the chest cavity were taken during the second autopsy after the lungs had been removed, also suggests this. One of the lungs might have been collapsed.

However, the pathologists needed a bullet passing above the thoracic cavity in order to exit through the tracheotomy incision in front of the neck. So they came up with a bullet passing very close to, but just above, the apex of the right pleural cavity, allegedly producing a contusion of both the parietal pleura (the outer wall of the cavity) and the apical portion of the upper lobe of the right lung. Humes was obviously very pleased with himself for inventing this incredible bullet path ("Pretty good course.") when he and Boswell was interviewed by the Medical panel of the [HSCA](#):

Dr. BOSWELL: We had exhibited the midportion of the track and the chest by that time, and demonstrated the contusion on the apex of the lung and subpleurally, and we had at that point two points of the wound [wound] and then subsequently the wound of exit.

Dr. HUMES: Pretty good course.

Dr. BADEN: The track definitely did not go through the pulmonary tissue?

Dr. HUMES: Negative.

Dr. BOSWELL: No.

Dr. HUMES: There was a contusion of the dome of the right side of the thorax and a contusion, as Dr. Boswell said, a retropleural contusion, and it was a contusion of the upper lobe of the lung.

Dr. Finck, on the other hand, was not so certain that he actually saw these changes when questioned by Dr. Spitz of the Medical Panel of the [HSCA](#):

Dr. SPITZ: May I ask something. Pierre, do you remember seeing bruising of the pleurity(?) [sic; parietal] pleura at the dome?

Dr. FINCK: On the right side?

Dr. SPITZ: Yes.

Dr. FINCK: Yes, and this I would say is explained by a high velocity bullet creating what has caused a temporary cavity with a lot of concussion and disturbance of tissue.

Dr. SPITZ: You actually saw it?

Dr. FINCK: I think so.

However, the pathologists have never provided any evidence for these damages, nor did they mention them to the FBI agents during the first autopsy. So I would think they invented them when they realized that they needed to connect the back wound with the throat wound. They hadn't dissected the neck, so they needed a bullet path that was visible from the inside of the thoracic cavity. Hence, they let the bullet pass immediately above that cavity. When they later were asked to provide some evidence for this bullet path, they claimed that the photographs they allegedly had taken of that area had disappeared. This is what Humes told the [ARRB](#) about it:

GUNN: Other than that series of photographs [showing inner aspect of skull], were the remainder of the photographs all taken at the beginning of the autopsy, do you recall?

HUMES: Virtually all of them were, yeah.

Q: Do you remember--

HUMES: There's only basically two that weren't. One was the inside of the occipital region, which we interpreted as the wound of entrance, for obvious reasons, and one that never came-- whatever happened to it, I was very disturbed by it. We took one of the interior of the right side of the thorax because there was a contusion of the right upper lobe of the lung. So the missile had passed across the dome of the parietal pleura and contused the right lobe. I wanted to have a picture of that, and I never saw it. It never-- whether it was under-exposed or over-exposed or what happened to it, I don't know. And it's three years later when we were looking at it, of course. But we didn't see that photograph. So that was taken later, and the one of the inside of the skull was taken later. But all the rest of them were taken at the onset of examination.

However, *all* the photographs (52 in all) that they had taken during the autopsy were apparently present when the doctors made their [inventory](#) in 1966:

“The X-rays and photographs described and listed above include all the X-rays and photographs taken by us during the autopsy, and we have no reason to believe that any other photographs or X-rays were made during the autopsy.”

But as the years went by, and the autopsy doctors were asked to provide some evidence for the findings stated in their autopsy report, more and more of the original photographs had apparently gone missing. But I would think they never existed, nor did the wounds they were supposed to depict.

### ***The fabricated head wounds***

I don't think there can be any doubt that the two head wounds of President Kennedy that have been described in the autopsy report and in later testimonies by the three pathologists, were fabricated. The alleged small wound of entry in the occipital bone seem to have been created entirely in the minds of the three pathologists, since they have never provided any (credible) evidence of the location and appearance of that wound, neither by means of photographs, nor by x-rays. They may have tried to produce an entry wound in the *scalp* on the *left* side in the rear of the head during the second autopsy, but the resulting 'wound' that later turned up on the right side close to the hair line in the reversed images, wasn't very convincing, not even to the three pathologists themselves. And the photographs allegedly showing the inner aspect of that wound (from inside the skull), seem to have been taken in the anterior region of the skull.

Concerning the large defect in the top of JFK's skull, they apparently made more efforts to create that wound and record its appearance and location by means of photographs and x-rays. However, the details of that wound also seem to be purely fictional, and hence there are many contradictions in their testimonies concerning the exact location, size and appearance of that wound. Some of the contradicting statements from the pathologists concerning both head wounds will be pointed out in the following.

#### *Entrance wound*

As regards the alleged wound of entrance 2.5 cm to the right and a little above of the external occipital protuberance in the rear of the skull, Humes, Boswell and Finck, have had great difficulties in locating that wound in the photographs supposedly showing that portion of JFK's head. They mostly settled for a point fairly close to the hairline, whereas the Medical Panel of the HSCA thought they saw a wound about 10 cm higher than that. But obviously they were all wrong, since they were looking at the wrong side of the head in the reversed photos when they viewed the autopsy photographs. Moreover, several witnesses have testified that the right occipital area of the skull was completely blown away.

As to the corresponding wound of entry in the occipital bone beneath the scalp, Boswell didn't even agree with himself about how that 'wound' looked like. It was originally described in the autopsy [report](#) as a perforating wound, i.e., a simple hole through the skull bone.

In the underlying bone is a corresponding wound through the skull which exhibits beveling of the margins of the bone when viewed from the inner aspect of the skull.

[Finck](#) gave a detailed description of both head wounds in a personal report about the autopsy that he sent to his superior at the Armed Forces Institute of Pathology, Brig. Gen. Blumberg. In the Summary of that report he described the entrance wound as simple perforation of the occipital bone:

I examined the wounds. The scalp of the back of the head showed a small laceration, 15 x 6 mm. Corresponding to this lesion, I found a through-and-through wound of the occipital bone, with a crater visible from the inside of the cranial cavity. This bone wound showed no crater when viewed from outside the skull. On the basis of this pattern of the occipital bone perforation, I stated that the wound in the back of the head was an entrance.

Finck repeated this general description of the entrance wound to the Medical Panel of the [HSCA](#), but when asked to provide further details, he couldn't give any. Neither could he tell the panel how they had dissected the scalp to get to that wound.

Dr. FINCK: In addition, I saw in the back of the head on the right side a wound corresponding to that wound of the scalp. I observed a hole in the skull. That hole in the skull in the back of the head showed no crater when examined from the outside of the skull but when I examined the inside of the skull at the level of that hole in the bone I saw a crater and to me that was a positive unquestionable finding identifying a wound of entry in the back of the head.

Dr. LOQUVAM: Dr. Finck, is that symmetrical, inward beveled?

Dr. FINCK: I don't remember. I don't remember.

Dr. ROSE: Were there fracture lines radiating out from that beveled wound of the back of the skull?

Dr. FINCK: I don't remember. We would have to refer to the autopsy report.

[Humes](#) apparently had vivid recollections of the entrance wound and described it as a simple hole through the occipital bone when testifying before the ARRB:

GUNN: After the brain was removed, what was the next thing that you did in the autopsy?

HUMES: The next thing we did was look at this wound that was in the back of the skull. It was obvious from both the point of entrance and inside the skull, and we examined that very carefully, measured it, took pictures of it.

Q: Did you identify a hole that you thought to be either an entrance or exit wound in the back of the cranium?

HUMES: Definitely. Definitely. Entrance, there wasn't any question in our mind about it.

Q: Did the wound appear as something like a puncture in the bone, or was there a fragment of the bone that was missing and that there was an indentation?

HUMES: No. It was directly beneath the scalp wound back there, directly beneath it. It was almost round, but a little bit more ovoid, and the inner margins of it were shelved. If we put a BB through that glass over there on the side where it went in, you'd see a little round hole, depending on the size of the missile. On the other side, you'd see shelved out, and that's exactly what we had.

Q: And the whole circumference of the entry wound was visible without any reconstruction of the skull?

HUMES: Oh, yeah, sure.

Q: In which bone was the entrance wound?

HUMES: Occipital bone.

Whereas Finck and Humes seemed to maintain their original description of the entrance wound in later testimonies, Boswell later came to confuse it with the alleged large exit wound in the right parietal area. Thus, when interviewed by the medical panel of [HSCA](#), Boswell, with Humes also present in the room, described the entrance wound in the following manner:

BOSWELL: It tore right down to that point. And then we just folded that back and this back and an interior flap forward and that exposed almost the entire— I guess we did have to dissect a little bit to get to—

HUMES: To get to this entrance, right?

BOSWELL: But not much, because this bone was all gone and actually the smaller fragment fit this piece down here— there was a hole here, only half of which was present in the bone that was intact, and this small piece then fit right on there and the beveling on those was on the interior surface.

Similarly, according to Boswell's [ARRB](#) deposition, only a portion of the bullet hole was present in the skull, i.e., it was on the border of a larger defect. The remainder of the hole was present in a piece of skull brought in from Dallas later during the autopsy.

GUNN: Let's go back, if we could, to the location of the entrance wound in the skull. Could you tell me whether the entrance wound that you identified in the skull was something that appeared like a puncture in a bone with the remainder of the bone surrounding the hole? Or did the hole break off such that you would need other pieces of bone to be brought into place to show the entire periphery of the wound? I'm not sure that question made—

BOSWELL: Yes, I understand it, and I think— I think maybe photographs that we have explain it. I believe that there was an area of bone intact down here that we could attach this to.

Q: Let me just state for the record you're referring now to the second page of [Exhibit 1](#), and when you say "this," you're referring to the small fragment at the bottom of the page. Is that correct?

BOSWELL: Yes.

Q: Okay.

BOSWELL: And the beveling is such on both the wound here-- or the remaining bone that is someplace in this area, but not shown in this diagram, and in this piece which, when put there, shows the approximate dimensions of the wound, and the beveling on the bone shows entrance and exit.

However, according to the autopsy report, as well as Finck's personal report to Blumberg, the larger skull fragment from Dallas allegedly comprised a portion of an *exit* hole through the skull, which again was part of the large exit wound on the right anterior side of the head.

#### *Exit wound*

In the [autopsy report](#), the exit wound was described as a huge defect on the top of the skull. In addition, portion of the exit hole was described as being present on a fragment arriving from Dallas. There was no mention of a portion of the alleged exit hole through the skull being present in the remaining skull bones:

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.

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Received as separate specimens from Dallas, Texas are three fragments of skull bone which in aggregate roughly approximate the dimensions of the large defect described above. At one angle of the largest of these fragments is a portion of the perimeter of a roughly circular wound presumably of exit which exhibits beveling of the outer aspect of the bone and is estimated to measure approximately 2.5 to 3.0 cm, in diameter.

Similarly, in his Warren Commission testimony, [Humes](#) said the remaining bones in the skull showed no signs of a bullet exiting there ("We did not have the bone."). The exit point could only be detected after the fragments from Dallas had arrived. And the exit perforation was only present on one of these fragments:

Commander HUMES: Having ascertained to our satisfaction and incidentally photographs illustrating this phenomenon from both the external surface of the skull and from the internal surface were prepared, we concluded that the large defect to the upper right side of the skull, in fact, would represent a wound of exit. A careful examination of the margins of the large bone defect at that point, however, failed to disclose a portion of the skull bearing again a wound of — a point of impact on the skull of this fragment of the missile, remembering, of course, that this area was devoid of any scalp or skull at this present time. We did not have the bone.

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I mentioned previously that there was a large bony defect. Some time later on that evening or very early the next morning while we were all still engaged in continuing our examination, I was presented with three portions of bone which had been brought to Washington from Dallas by the agents of the Federal Bureau of Investigation. These were--

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However, the thing which we considered of importance about these three fragments of bone was that at the margins of one of them which was roughly pyramidal in shape, there was a portion of the circumference of what we interpreted as a missile wound. We thus interpreted it this because there was, the size was, sufficiently large for us, for it to have the curve of the skull still evident. At the point of this defect, and I will draw both tables of the bone in this defect, at the area which we interpreted as the margin of a missile wound, there was a shelving of the margin. This would, to us, mean that a missile had made this wound from within the skull to the exterior. To confirm that this was a missile wound, X-rays were made of that fragment of bone, which showed radio-opaque material consistent and similar in character to the particles seen within the skull to be deposited in the margins of this defect, in this portion of the bone.

It is noteworthy that Humes, when describing the skull fragment(s) from Dallas suddenly switches from referring to three fragments to referring to just one: "...as to where *they* had been recovered. It seems to me they felt *it* had been recovered either in the street or in the automobile..."

Finck, on the other hand, described in his [report](#) to Brig. Gen. Blumberg that portions of the exit wound could be seen not in just one, but in two fragments received from Dallas (in all three of them as determined from his Summary; first excerpt below). No exit wound was identifiable in the skull itself. Finck also extended the exit wound into the frontal bone, whereas the autopsy report confined it to the temporal, parietal and occipital bones.

Later in the evening, I examined three bone fragments sent from Dallas and corresponding to the large head wound approximately 130 mm. in diameter in the right side of the cranial vault. After identifying their anatomic external and internal surfaces, I noticed that the beveling of the fragments was apparent when viewed from outside. I stated then that these portions of bone were part of a wound of exit.

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No EXIT wound is identifiable at this time in the skull, but close to midnight, portions of cranial vault are received from DALLAS, Texas. X ray films of these bone specimens reveal numerous metallic fragments. Two of the bone specimens, 50 mm in diameter, reveal BEVELING when viewed from the external aspect, thus indicating a wound of EXIT. Most probably, these bone specimens are part of the very large right skull wound, 130 mm in diameter and mentioned above. This right fronto-parieto-occipital wound is therefore an EXIT.

It was not until the three pathologists had reviewed the autopsy materials on January 20th, 1967, that they described a portion of the exit hole ("the other half of the margin of the exit wound") as still being attached to the skull. In their [report](#) about the review they stated the following about the exit wound in the head:

The autopsy report further states that there was 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, with an actual absence of scalp and bone measuring approximately 13 cm. (5.12 inches) at the greatest diameter. In non-technical language, this means that a large section of the skull on the right side of the head was torn away by the force of the missile. The report further states that one of the fragments of the skull bone, received from Dallas shows a portion of a roughly circular wound presumably of exit which exhibits beveling of the outer aspect of the bone, and the wound was estimated to be approximately 2.5 to 3.0 cm, (1 to 1.18 inches) in diameter. X-ray Nos. 4, 5 and 6 show this bone fragment and the embedded metal fragments. Photographs Nos. 17, 18, 44 and 45 show the other half of the margin of the exit wound; and also show the beveling of the bone characteristic of a wound of exit. Photographs Nos. 44 and 45 also show that the point of exit of the missile was much larger than the point of entrance, being 30 mm. (1.18 inches) at its greatest diameter. Photographs 5 - 10 inclusive, 32-37 inclusive, 44 and 45 show the location of the head



wound, and verify the accuracy of the Warren Commission drawings (Exhibits 386 and 388, Vol. XVI, pp, 977 and 984) which depict the location of the head wound.

The pathologists had apparently already forgotten that photographs Nos. [17](#), 18, 44 and 45 were supposed to depict a “missile wound of entrance in posterior skull, following reflection of the scalp”, as they (Humes and Boswell) had stated three months earlier when they made an [inventory](#) of the autopsy photographs and x-rays.

However, when [Dr. Finck](#) was asked by HSCA’s Medical Panel in 1978 about the fragments from Dallas and whether part of the exit wound was still present on the skull, he didn’t remember much and was unable to identify what photograph No. 44 depicted:

Dr. BADEN: Can I give you X ray No. 6 if that will refresh your recollection in any manner about the fragments brought to you in the course of the autopsy?

Dr. FINCK: Well, I see three bone fragments with metallic fragments contained in those bone fragments but I cannot give the direction of the crater.

Dr. BADEN: Would those to your recollection be the three fragments brought to you in the course of the autopsy that were X rayed in the course of the autopsy?

Dr. FINCK: Probably.

Dr. BADEN: Is there a suggestion there of gunshot entrance or exit wound on one of those fragments?

Dr. FINCK: I would have to see the specimen itself to see what is outside, what is inside and on what surface there was beveling on the X ray film. I don't see that.

Dr. PETTY: Yes, but, Dr. Finck, you have already said you have examined the three fragments of bone and this X ray film is of those three bone fragments and that you identified in the three fragments the outer surface and the inner surface of the skull and that the beveling of the crater was to the outside. Can you point on those three fragments where the beveling was regardless of which surface is shown?

Dr. FINCK: I don't know.

Dr. PETTY: You don't recall?

Dr. FINCK: I don't recall.

Mr. PURDY: Can you state whether or not those X rays are representative of the size of the bone fragments or are they larger or smaller than the bone fragments?

Dr. FINCK: I don't know. I would not know. I don't recall.

Mr. PURDY: When you examined the skull itself, that was still intact?

Dr. FINCK: The skull was not intact.

Mr. PURDY: The part of the skull that was still attached. Did you see any evidence in that of an exit wound at the margin of the large defect?

Dr. FINCK: I don't recall.

Dr. BADEN: I give you No. 44 and ask if this in any way refreshes your memory?

Dr. FINCK: No.

Mr. PURDY: Do you see anything on that photograph which would represent the exit hole of a bullet?

Dr. FINCK: I don't know what this is.

Mr. PURDY: His answer is no. I will point out at this time at the margin of the skull there is not a straight edge, there is a variation there. Could that audible semi-circle be an exit wound?

Dr. FINCK: No. Hazy, blurred.

In discussions with the forensic pathology panel of the [HSCA](#), Humes described photograph No. 44 as depicting an exit wound, i.e., a portion of the exit hole was still attached to the skull:

Dr. HUMES: There was what we interpreted to be an exit wound, in the location to which I point. The bone that would correspond and complete that circle or ellipse, that might have been made by that exit wound, was missing at the time we began the examination. Later on that evening, several hours into the evening, we were presented with, another fragment of bone, not the one that you are examining now [photos supposedly of the Harper fragment], and that fragment had a corresponding semicircular defect which almost completed this, what we interpreted to be an exit wound, but not quite.



The panel, aided by Dr. J. Lawrence Angel, who was an expert on the anatomy of the human skull, tried to determine which part of the skull was actually shown in photograph No. 44. After a lengthy discussion they arrived at the conclusion that the alleged exit wound comprising the semicircle seen in that photograph, was a little in front of the coronal suture. And Humes was very clear about the portion of the skull seen in the photographs being either parietal or temporal bone ("That's exactly what it is."). Dr. Angel also identified the largest triangular piece of bone allegedly arriving from Dallas, as a portion of the frontal bone.

Dr. PETTY: No. 44. Dr. Humes could probably tell more where that is than I can. This is the right cheek as I understand it, is that correct, Dr. Humes? And this then is the right shoulder and the flap turned back at the time of the autopsy?

Dr. HUMES: Yeah.

Dr. ANGEL: Well, this must be well forward then on the frontal bone, I was interpreting it as being -- this itself as being near the pterion.

Dr. BADEN: Yet here is the gap.

Dr. HUMES: That is not frontal bone where that semicircle is-- it's either temporal or parietal bone, Dr. Angel.

Dr. ANGEL: I don't see how it can be. That's what it looks like to me.

Dr. HUMES: That's exactly what it is.

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Dr. ANGEL: What's bothering me is what part of the flesh is that?

Dr. PETTY: That's the cheek, the right cheek.

Dr. ANGEL: If that's the right cheek then it can't be-- has to be more or less.

Dr. PETTY: Yeah.

Dr. ANGEL: It's really hard to be sure, square this with the X-ray which shows so much bone lost in this right frontal area.

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Dr. PETTY: So that placing the outshoot wound in the right frontal bone toward the coronal suture is probably about where it was.

Dr. HUMES: Uh-huh.

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Dr. BADEN: And this would place the exit gunshot wound just anterior and almost incorporated into the lateral aspect of the coronal suture line.

Dr. ANGEL: A little in front of it, yes.

Dr. BADEN: Then it's slightly in front of and just superior to the temporal bone.

Dr. ANGEL: Apparently above the hairline. His hairline was fairly low; he wasn't getting bald like me. So, I think an exit wound about there would fit, then, the fragment that you have.

Dr. BADEN: Just anterior to the coronal suture line?

Dr. ANGEL: Just anterior to the coronal suture line, yes. Well above pterion, far above pterion near the point where the temporal line crosses the coronal suture.

Dr. BADEN: Do you have a name for it?

Dr. ANGEL: Stephanion.

Dr. Angel also prepared a [memorandum](#) to the Medical Panel (HSCA Appendix to Hearings, Volume VII, Addendum E) describing where in JFK's skull he thought the damages were located based on viewing the autopsy photographs and x-rays, and what was supposed to be photographs of the Harper fragment found in Dealey Plaza. In this memorandum, Dr. Angel reiterated his conclusions from the abovementioned meeting with the Medical Panel a month earlier. He stated that the [Harper](#) fragment was a portion of the parietal bone, and that the large fragment depicted in x-rays [Nos. 4-6](#) was a portion of the frontal bone. Since this piece of bone could be placed into the defect in front of the coronal suture (parietal bone) seen in photographs Nos. 17, 18, 44 and 45, it has to be the frontal bone anterior to the coronal suture/parietal bone that is missing in those photographs. This location is clearly seen in the three skull [drawings](#) in Dr. Angel's memorandum. Consequently, those photographs are showing the anterior portion of the skull, rather than the rear of the skull. This is what Dr. Angel wrote:

X-rays 4, 5, and 6 show a large piece of skull vault, clearly frontal bone with an apparent jagged line indicating coronal suture, about 7 to 6 cm long. The apparent inferior (right) border is 6 cm long and at the irregular right angle which it makes with the jagged (coronal) border are several

radiopaque marks (part of bullet?). The third (anterior) edge of the fragment is curving. This large fragment appears to be the upper part of the frontal bone, extending more on the right than on the left, and leaving spaces both in front and to the right. The two smaller fragments in X-rays 4, 5, and 6 are insufficient to fill these gaps.

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The exit area through the right frontal above the boss can account for the small semicircular notch 35 mm above the right orbit, the radiopaque mark near this, and at the upper right part of the track can explain the radiopaque markings on the triangular frontal fragment just in front of the coronal suture above stephanion.

The HSCA Medical panel apparently accepted Dr. Angel's interpretation and the consensus reached at the meeting with Boswell and Humes as to what photographs Nos. 17 and 44 depicted. However, they were a little vague about the location, using the term 'frontoparietal region' in their [report](#):

(315) Black and white photograph No. 17 and color transparency and print No. 44 are closeups of the margins of the fracture line in the right frontoparietal\* region after reflection of the scalp. On the margins of this fracture line is a semicircular defect which appears to be beveled\* outward, although the photograph is not in sharp focus. Computer-assisted image enhancement\* of this photograph revealed the defect more clearly. (See [fig. 25](#), a closeup photograph of the semicircular exit defect on the margin of the fracture line in the right parietal region.)

But a little later in the same [report](#), the panel interpreted the same pictures as showing the entrance wound in the rear of the skull, in the parietal bone, rather than the alleged exit wound. The semicircular defect is not described as a portion of an exit wound at all:

(330) The panel examined photographs (including Nos. 17, 18, 44, and 45) they were taken from the front right side of the body, with the scalp reflected down and away from the fractured skull bones and with the brain removed. The lens was focused on the interior-posterior deepest portion of the wound, apparently in an attempt to depict the interior of the bullet perforation of the posterior region of the skull. In the photograph prepared from color transparency No. 45, the exterior bone fragment with the semicircular defect is more in focus than the base of the skull in the depth of the picture which is out of focus. In the photographs prepared from positive color transparency No. 45, the exterior fragment is out of focus, but the depth of the photograph is in sharper focus. The photographs, also studied using the computer-assisted enhancement technique,\* show a possible portion of the beveled\* inner table corresponding to the semicircular margin of the entrance wound at the back of the head in the right posterior parietal bone.

Moreover, contrary to Angel's statement the panel apparently concluded that the triangular piece was part of the parietal bone, because in Ida Dox' drawing of the wound that piece seems to originate from behind the coronal suture ([Figure 29](#); HSCA Appendix to Hearings, Volume VII, page 125). Perhaps the panel realized that if they accepted Dr. Angel's interpretation, then they would have to admit that photographs Nos. 17, 18, 44 and 45 actually showed the interior of the anterior portion of the skull, with the frontal bone missing, rather than the alleged entrance wound in the rear of the skull. And then they would have to admit that the medical evidence had been tampered with.

Boswell and Humes probably also realized that, so although they knew what photographs Nos. 17, 18, 44 and 45 depicted when discussing them with the Medical Panel of HSCA, in later testimonies before the ARRB, they were apparently unable to orient the same photos, nor were they able to explain whether the images were supposed to show the alleged entrance wound in the rear of the skull (from the inside) or the margins of the fabricated large exit wound (from the outside) in the top of JFK's skull. When asked about these photographs in his ARRB deposition, [Boswell](#) could provide no explanation for the discrepancies between their previous descriptions. But his conclusion, i.e. "I think they were both wrong, ....", was obviously correct:

GUNN: Let me show you two different descriptions that have been made in two documents. The first one that we've been referring to is [Exhibit 13](#), which is the 1966 inventory. That refers to the photograph as being "missile wound of entrance in posterior skull, following reflection of scalp." So that is how that is described in November of 1966. But then in another [document](#) dated in

handwriting – and I don't know whether that date is accurate – January 26, 1967, but also signed apparently on January 26, 1967, by yourself and Dr. Humes, that photograph is described not as a posterior wound but as the exit – not as the posterior entrance wound but as an exit wound. Photograph Nos. [17](#), 18, 44, and 45 show the other half of the margin of the exit wound and also show the beveling of the bone characteristic of a wound of exit.

BOSWELL: Well, I see that, but I – I can't identify anything else in here to tell where we are. This is a different appearance of scalp, but there are other things in here that I can't identify. This looks like part of the chest flap that's down here. The hair and the bone – this is skull, I'm sure of that.

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GUNN: To me as a lay person, it appears as if in November of 1966, View 7 is being described as an entrance wound, and in January of 1967, two months later, it's being described as an exit wound. First, do you have any reason for thinking that my understanding is inaccurate? Is there a switch in how those two photographs are described?

BOSWELL: Yes, I agree, and I have no explanation for that. I think they were both wrong, and I think the reason is that it's just such a terrible photograph.

When examining these photographs during his [ARRB](#) deposition, Humes at first appeared to be unable to orient them. He denied that they showed a wound of exit as they had described it in 1967, and which he apparently had agreed upon when discussing that wound with the Medical Panel of the HSCA. Finally he seems to identify a wound of entrance, supposedly in the rear of the skull, close to the ruler in those photographs (where the Medical Panel of HSCA also had identified a wound):

GUNN: The first question for you would be whether you can orient those photos so as to describe what is being represented in the photographs.

HUMES: Boy, it's difficult. I can't. I just can't put them together. I can't tell you what--

Q: Can you identify whether that is even posterior or frontal or parietal?

HUMES: Not with any certainty, no. Very disappointed. No, I can't.

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HUMES: Now, this is the wound of exit that you're talking about. This is certainly not the wound of exit that we're talking about here.

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GUNN: [...] Does your description from 1966, three years after the autopsy, help you today identify or orient the photographs in [View 7](#)?

HUMES: Well, now, I guess now that I look at it, perhaps it does. The black and white one, down here opposite the edge of the ruler, I presume that is what we're talking about right there.

Q: Okay. You're referring to something that is very near the point of the--

HUMES: Right, right there.

Q: --ruler where the centimeter marks are?

HUMES: Right. It's not anywhere near as clear as I would have hoped it were to be. But that I have to presume is what we're talking about right there, because that's about the size of the location, as I can see where it is. The scalp is reflected downward, as you can see here.

Q: So would it be fair to say that--

HUMES: This here again would be it, you see; there, there, and-- you lose it here with all this business. I don't know. I have trouble with this. I can't really recognize it there.

Q: So this is a portion that, if the ruler were on the bottom of the-- if the ruler were placed at the bottom of the drawing, this would be slightly above the corner of the uppermost part of the ruler?

HUMES: That's my belief, yes, sir.

Q: And that is what you believe to be, as best you can tell now--

HUMES: Yes.

Q: --to have been the entrance wound--

HUMES: Yes, sir.

Q: --in the posterior skull?

HUMES: Yes, sir. Without major conviction, but I believe that's the case.

Earlier in his deposition, however, Humes had described that part of the exit wound was present in the skull, contradicting his previous Warren Commission testimony:

GUNN: After you examined the occipital bone, what did you next do in the autopsy?

HUMES: Well, we looked with care at the margins of the defect in the skull, and we found a similar situation where the bone fragments that were placed— that remained in place, halfway in place, were shelved on that outer table of the skull. And when we got the fragments from Dallas, they were similarly— we almost could complete the circle of what appeared to be the actual exit wound because it was shelved on the outer table, and we almost could put it all together, that wound. Not the defect, but the wound.

Q: So unlike the wound in the occipital bone, the wound towards the front, there was a nick or a half-circle or some such thing showing what you understood to be the exit, and you were able then to complete that wound when the fragments came?

HUMES: When the fragments came, almost, because they're all flying around, you know. These fragments are— it's like, you know, working with clouds, because they were— you had to put them together with great care to make that out.

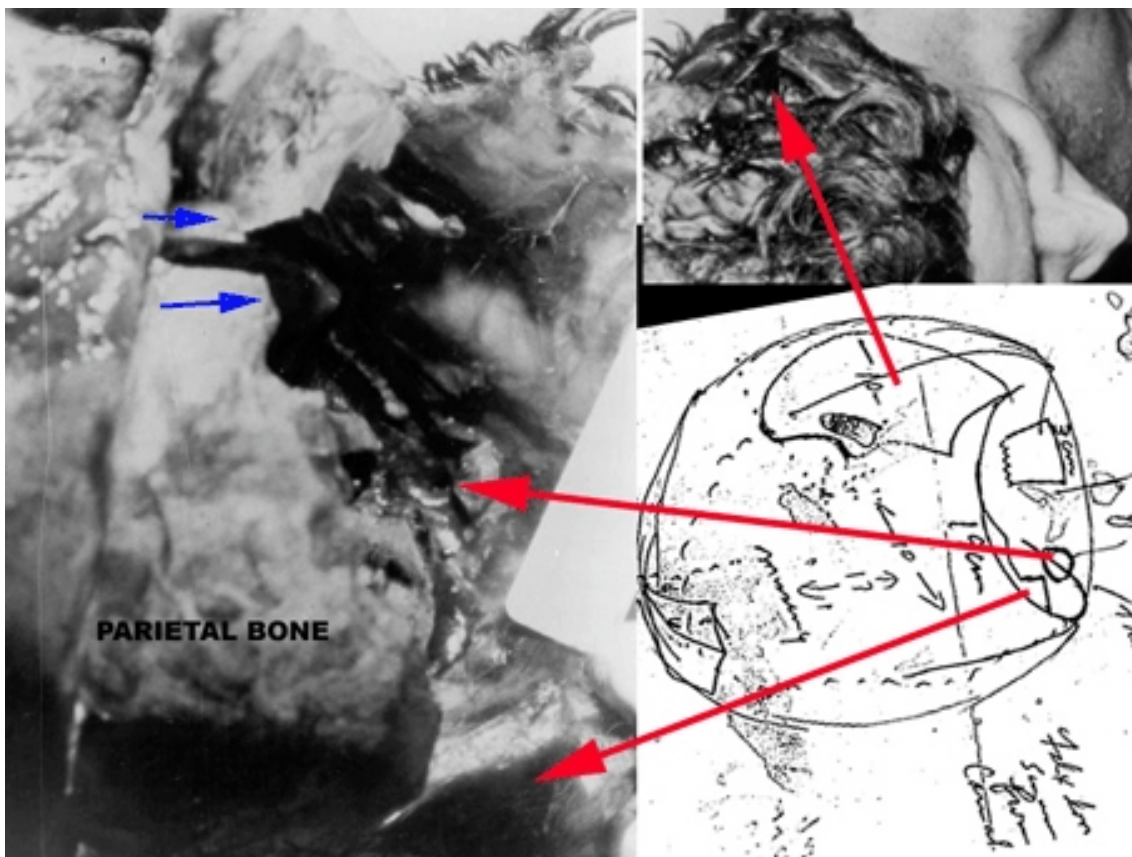
Certainly, it was like working with clouds, since this exit wound was largely an imaginary wound.

#### *Boswell's skull drawing*

The outline of the anterior margin of the skull bone visible in photographs [F:8](#) (NA:17) bear a strong resemblance to the zig-zag line in front of the straight transverse line in Boswell's skull drawing on [page two](#) of the autopsy face sheet (Figure 9). I therefore think the straight line across the top of the skull in that drawing actually represents the incision (saw cut) they made through the coronal suture before removing the brain, and that the zig-zag line, which may not have been drawn to the same scale, is part of the anterior margin of the opening into the skull seen in [F:8](#). What looks like a bullet wound close to the ruler in the photographs, might correspond to what is described as 'globe rt [right] eye' in the drawing. If this interpretation is correct, it confirms the conclusion reached by Dr. Angel that these photographs (Nos. 17, 18, 44 and 45) show the anterior portion of the right parietal (and maybe also temporal) bone, immediately behind the coronal suture, and that the 'missing' portion of the skull is in the frontal bone. Which shows that we are looking into the anterior portion of the skull, and not into the rear of the skull, in those photographs. What looks like the inner aspect of an entrance wound inside the skull, might possibly be a wound through the forehead, corresponding to the bullet-like wound above the right eye that some witnesses observed in the unedited autopsy photographs.

Actually, Boswell's [skull drawing](#) in the autopsy face sheet may show all the alterations they inflicted on JFK's head during the second autopsy. The large area marked with '10' on the left side of the head may represent the large defect that is seen on the 'right' side of the head in the autopsy photographs depicting the 'superior view of the head' ([F:6](#), [F:7](#)). Similarly, the roughly square piece marked with '3 cm' in the left anterior portion of the skull, might represent the bone flap seen in front of the ear on the 'right' side of the head in photographs [F:3](#) and [F:5](#) (Figure 9).

Finally, the triangular shaped area marked with '4/3/6' in the rear of the skull, might represent the size of the area of missing skull there. I am not so certain that the word 'missing' refers to the area of the skull on which it is written, since it is connected to the rear of the head with a dotted line. So the drawing might rather indicate that a 6 x 4 x 3 cm triangular piece of bone was missing from the rear of the skull, around the midline. That is exactly the area where mortician [Robinson](#) said there was a large defect in the skull, and where the original autopsy photographs apparently showed a large hole, which were later filled in by retouching. Another possible interpretation is that the triangular area in the drawing represents the fragment of occipital bone recovered from the limousine, which again might be the fragment seen in the photographs of the [right side](#) of JFK's head, as discussed previously (Figure 1). However, the size of that area does not correspond to the reported fragment size of 10 x 6.5 cm, unless the figures represent inches rather than centimeters.



**Figure 9** Comparison of two autopsy photographs of President Kennedy with the autopsy skull drawing. Note similarity between zig-zag line in drawing [bottom right] with saw cuts in the skull shown in photo [left]. The straight line across the skull in the drawing appears to be the coronal suture where saw cuts were made during the first autopsy (blue arrows in photo). The circle in the drawing seems to correspond to a 'bullet' wound in the interior of the anterior portion of the skull. The area marked with '10' in the drawing is similar to a defect created on the left side of the head [top right]. Hence, the photograph of the interior of the skull [left] depicts the anterior portion of the skull. The scalp as been reflected backward exposing the parietal bone. In the bottom of the photograph retouching seems to have been done, possibly to conceal the saw cuts made toward the rear of the head in order to remove the skull cap and brain.

#### *Fragmenting bullet*

In addition to the above mentioned discrepancies in the statements of the three pathologists regarding the head wounds, there also seems to be a discrepancy as to the degree of fragmentation of the bullet passing through JFK's head. According to the autopsy report and most of the testimonies by the pathologists, the bullet apparently did not fragment much, except shedding numerous tiny fragments as seen on the skull x-rays. Hence, the exiting major portion of the bullet allegedly produced a single circular hole of about 2.5 to 3.0 cm in diameter in the top of the skull, but causing fractures in the adjacent skull bones, so that the exit hole was found in at least two pieces of bone. This scenario is depicted in Commission Exhibit [388](#) and described by Humes in his Warren Commission testimony:

Commander HUMES: Our interpretation is, sir, that the missile struck the right occipital region, penetrated through the two tables of the skull, making the characteristic coning on the inner table which I have previously referred to. That one portion of the missile and judging by the size of the defect thus produced, the major portion of the missile, made its exit through this large defect.

A second portion of the missile or multiple second portions were deflected, and traversed a distance as enumerated by this interrupted line, with the major portion of that fragment coming to lodge in the position indicated.

Perhaps some of these minor fragments were dislodged from the major one as it traversed this course.

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I will label as Point "B" the area of exit of a portion of the missile that entered posteriorly, I say a portion because a small fragment was seen in the position previously noted which was recovered. However, we concluded that a very significant portion, perhaps the largest portion, made its exit and accounted for this very large defect, for the multiple fractures of the skull and for the loss of brain and scalp tissue at this point.

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Commander HUMES: As I mentioned previously, at one angle of this largest pyramidal shaped fragments of bone which came as a separate specimen, we had the portion of the perimeter of a roughly what we would judge to have been a roughly circular wound of exit. Judging from that portion of the perimeter which was available to us, we would have judged the diameter of that wound to be between 2.5 and 3 cm.

However, [Finck](#), who first listened to Humes' testimony before he testified himself before the Warren Commission, repeatedly described an extensive fragmentation of the bullet within the skull. How that cluster of fragments could produce a *single* circular defect in the skull bone with a diameter of 2.5 and 3 cm is difficult to figure out unless you are a wound ballistics expert like Finck.

Colonel FINCK: The difficulty in interpreting the path in line A-B of Commission's Exhibit 388 is that, one, there is, as stated before, a large wound of exit, and, two, there is a secondary path as indicated by the fragments recovered. So we can have an assumption and state that the general direction, the general path, the general angle of this missile was from behind and above, and that the bullet, markedly fragmented, went out of the President's head on the right side, but that a portion of this bullet which badly fragmented was recovered within the skull.

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Colonel FINCK: In C-D, Commission's Exhibit [385](#), due to the fact that there was no fragmentation, I can say that it is a straight line from behind and above, whereas here, due to the fragmentation and to the dual path, I can't give a precise angle, but I can say that the injury is consistent with a wound produced by one bullet producing many fragments.

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Colonel FINCK: I would think that I would consider the midportion of this exit would labeled B, Exhibit 388, as the wound produced by most of the fragments and the major portions of the fragmenting bullet. This is only a small portion of it which makes me say that this is a secondary path.

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Representative FORD: From your numerous case studies, is it typical for a bullet, for a missile in this circumstance as shown in 388, to fragment to the degree that this one apparently did?

Colonel FINCK: Yes, it is quite common to find a wound of exit much larger than the wound of entrance for weapons commonly used.

Representative FORD: But is it typical for the missile to fragment to the degree that this one did as shown in Exhibit 388?

Colonel FINCK: Yes; it is.

By not pinpointing exactly where the alleged exit wound was on the top of JFK's skull, it became very difficult to determine the bullet trajectory and the place from where the alleged shot from the rear of President Kennedy had been fired. Consequently, it became almost impossible to evaluate the credibility of their findings.

Summarizing, we find that the large exit wound fabricated in the top of JFK's skull during the second autopsy is mainly located in the frontal bone in front of the coronal suture in photographs Nos. 17, 18, 44 and 45, and apparently also in x-rays Nos. 1-3. In the photographs showing the right side of the head (Nos. 5-6, 26-28) the wound also comprises the parietal bone, indicating that the entire skull cap had been removed before those pictures were taken. Hence, only the latter photographs are somewhat consistent with the location of the head wound (chiefly in the parietal bone) as described in the autopsy report and depicted in Warren Commission Exhibit [388](#).



***What happened to the body at the completion of the second autopsy?***

It is not clear from the statements of the witnesses of the second autopsy what happened to the President's body when the autopsy was completed. According to Lipsey, the internal organs were not put back into the body. It appears that some reconstruction of the newly inflicted head wounds was attempted, possibly by Dr. Osborne. Apparently Lipsey had been ordered by General Wehle to ascertain that the body was brought back to the casket in the White House after the second autopsy. Hence, it would seem reasonable to expect that that is what happened. Lipsey's suggestion to the HSCA staff that the body ought to be exhumed in order to find out what kind of wounds President Kennedy had sustained, is another indication of the same. But I don't think we can be entirely sure of that until the body of President Kennedy actually is exhumed.



## THE TRUE WOUNDS ON PRESIDENT KENNEDY

I think there is no doubt that Humes, Boswell and Finck and many others have consistently lied about the true nature of the wounds inflicted on President Kennedy during the assassination on November 22nd, 1963. Both of the wounds in the head, as described in the autopsy report, seem to have been fabricated, mainly in the minds of the three pathologists, but in part also on the body of JFK during the second autopsy. Hence, the descriptions of a large wound in the right rear of the head given by numerous witnesses both at Parkland and Bethesda, are correct. [Dr. McClelland](#) is one of those witnesses, and he gave a very accurate description of this wound to the Warren Commission:

Dr. McCLELLAND: As I took the position at the head of the table that I have already described to help out with the tracheotomy, I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone was protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out. There was a large amount of bleeding which was occurring mainly from the large venous channels in the skull which had been blasted open.

According to the FBI report from the autopsy, one corner of the 10 x 6.5 cm piece of skull bone that was found in the limousine and brought to the autopsy room, showed evidence of an exiting bullet. Ebersole testified that this fragment was a piece of occipital bone. As discussed previously, this might be the bone fragment that is visible behind the right ear of JFK in the autopsy photographs showing the right/anterior profile of his head. Mortician Robinson told the the ARRB that the central portion in the rear of Kennedy's skull was [missing](#) when they tried to reconstruct the skull at the completion of the first autopsy. Hence, the large wound seem to have extended from just behind the right ear towards the midline in the rear of the skull, thus comprising mainly the occipital bone, but probably also the posterior part of the right parietal and temporal bones.

The missing portion of the occipital bone in the center of the skull, might have been the Harper fragment that was found in Dealey Plaza the day after the assassination, as agent Hill suggested in his Warren Commission testimony, before Mr. Specter interrupted him with a stupid question to prevent him from providing further details about the wound in the rear of JFK's skull:

Mr. SPECTER: When, in relationship to the second shot, did Mrs. Kennedy move out of the rear seat?

Mr. HILL: Just after it.

Mr. SPECTER: You say that it appeared that she was reaching as if something was coming over to the rear portion of the car, back in the area where you were coming to?

Mr. HILL: Yes, sir.

Mr. SPECTER: Was there anything back there that you observed, that she might have been reaching for?

Mr. HILL: I thought I saw something come off the back, too, but I cannot say that there was. I do know that the next day we found the portion of the President's head.

Mr. SPECTER: Where did you find that portion of the President's head?

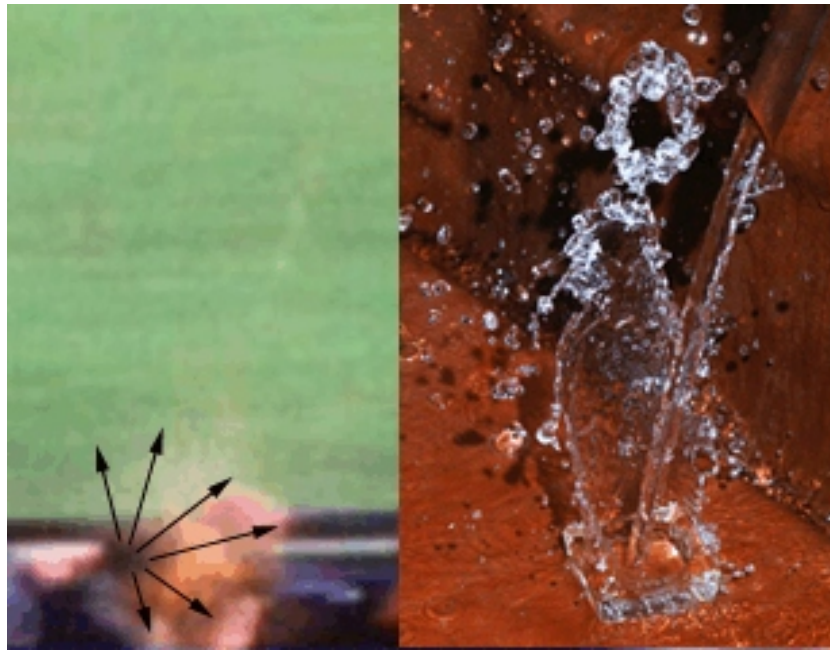
Mr. HILL: It was found in the street. It was turned in, I believe, by a medical student or somebody in Dallas.

Mr. SPECTER: Did you have any difficulty maintaining your balance on the back of the car after you had come up on the top of it?

The Harper fragment was originally determined to be a portion of the occipital bone by Dr. [Cairns](#) in Dallas. However, Dr. Angel, after having examined photographs allegedly of the same fragment, described it as a portion of parietal bone in his [memorandum](#) to the HSCA. The fragment itself has gone missing, and I don't know if we can be certain that the [photographs](#) allegedly of the Harper fragment actually depict the original fragment found by Mr. Harper. I think it is likely that a switch has been made, just like they did with the large fragment from the

limousine. Anyway, the missing portion in the rear of JFK's skull, as described by mortician Robinson, would have to be occipital bone.

The witness testimonies as to the size and location of the wound in the right rear of President Kennedy's head are also corroborated by the Zapruder film, if only the images are correctly interpreted. Frame 313 of the Zapruder film has been taken as evidence that there was a frontal explosion of JFK's head, and that the extant autopsy photographs accurately reflect this damage in the top of the head. Now, those autopsy photographs obviously show a fabricated wound, and in my opinion there is no sign at all of an explosion of the top of the head in the Zapruder film. Instead, it is evident from that film that the main damage was confined to the rear of the head. The peculiar visual effect seen in [Zapruder](#) frames 313-315 can be explained in the following manner (Figure 10):



**Figure 10** Zapruder frame 313 [left] of the fatal head shot of President Kennedy shows that brain matter is being extruded along the margins of a large defect in the right rear of JFK's head. The main direction of the extruding brain matter is probably toward the right rear of JFK, being caused by a bullet passing through the skull from the left temporal area. However, before the large bone fragment in the rear of the skull pops out, the extruding brain matter is reflected from the inside of the detaching fragment and is thrown in the opposite direction toward the sides and front of the head. This is similar to what happens when a jet of water hits a concave surface and is thrown back toward its origin [right].

A bullet hitting Kennedy on the left side of the head, traversed the skull and exited (more or less fragmented) from the rear of the skull. The exit of the bullet from the rear of Kennedy's head was followed by an extrusion of brain matter in the same direction. However, the large piece of mainly occipital bone that became detached from the right rear of the head, did not pop out immediately, but opened up like a lid. Thus, for a fraction of a second there was just a narrow opening at the margins of this fragment. The jet of brain matter being extruded from the head hit the interior, concave surface of this detaching fragment, and for a brief moment portions of brain matter were thrown back (reflected) more or less in the opposite direction, including forward across the top and right side of the JFK's head, hitting Mr. and Mrs. Connally, Greer and Kellerman in the limousine. Then the bone fragment became fully detached and was thrown forward along the right side of JFK's head, while the rest of the extruding brain matter exited to the right rear of Kennedy (not visible because of shadows). The forward spray of brain matter became particularly obvious since the sun beams came from the opposite (left) side of the limousine relative to Zapruder.

What we see in these Zapruder frames is similar to what happens when a jet of water hits a concave surface (like the bottom of a cup): the water will be thrown back more or less toward its point of origin (Figure 10). The same

scenario is also seen every time a rocket is launched and the flames and smoke hit the ground and is thrown back up alongside the rocket.

Hence, I think the wound of entry was in the left temporal area as [Dr. Marion Jenkins](#) tried to tell Mr. Specter of the Warren Commission, even though Dr. Jenkins later denied he had seen a wound there. Father Oscar Huber and Dr. Robert McClelland have also mentioned a wound in Kennedy's left temple.

Dr. JENKINS: No – I don't know whether this is right or not, but I thought there was a wound on the left temporal area, right in the hairline and right above the zygomatic process.

Mr. SPECTER: The autopsy report discloses no such development, Dr. Jenkins.

Dr. JENKINS: Well, I was feeling for – I was palpating here for a pulse to see whether the closed chest cardiac massage was effective or not and this probably was some blood that had come from the other point and so I thought there was a wound there also.

In the extant autopsy x-ray of the right side of the skull (No. 2), which I think shows the left side, the temporal area has been removed in order to create the large exit wound. Hence, it is not possible to determine from that x-ray whether there was a wound in the left temporal area or not (I have not seen x-ray No. 3 allegedly showing the left side of the skull). There, is no indication of a bullet hole in the left temporal area in the autopsy photographs showing the [left side](#) of the head, but a small entry wound could easily have been made invisible by retouching.

The wound in JFK's back (upper thorax) that is depicted in the autopsy photographs, is not the original wound, but a wound that was created on the left side of the spine so that a left-right reversal of the images could be used to conceal the large defect in the right rear of the head. Hence, we can't use the autopsy photographs to determine the location and nature of that wound, but the location of the bullet holes in Kennedy's shirt and coat suggests where the true wound in the back was located.

These holes were about 15 cm below the top of the collar of the coat and [shirt](#), and 4-5 cm to the right of the midline, so the wound in the back was well below the base of the neck, where the Warren Commission's Gerald [Ford](#) placed it. The location is also a little lower than shown in the autopsy face [sheet](#) and lower than the fabricated back wound in the autopsy photographs (Figure 4). Other witnesses have placed the wound below the right shoulder. According to several witnesses of the second autopsy, the bullet that hit Kennedy in the back, did not exit from the front of the body. That was also the conclusion of the autopsy doctors at the completion of the first autopsy. The bullet may have hit a rib or the spine and partly fragmented.

The tracheotomy wound depicted in the extant autopsy photographs appears to be in the same location as the original wound (lower third of the neck), but several witnesses have noted that it looks much larger than what they observed at Parkland Hospital or at Bethesda during the first autopsy. It is likely that the pathologists had to extend the wound slightly before photographs were taken to conceal that the original wound had been sutured after the first autopsy. There is also a triangular area of different color (lighter) on the right (anatomical) margin of the wound in photographs [F:1](#) and [F:2](#), which appears to have been retouched (Figure 7). The same area has a darker color than the adjacent skin in the photograph showing the right [profile](#). The retouching of that area might have been done to conceal an incision, Or the purpose may have been to conceal an incision made by the morticians when the body was embalmed. Thus, it is common practice to use the carotid artery and jugular vein for injection of the embalming fluid and drainage of blood, respectively, during the embalming process (or the femoral artery and vein). It is likely the pathologists dissected and examined that area more closely during the second autopsy, but that may have been done after the photographs were taken.

This bullet wound in the tracheotomy incision seems to have been connected with a bullet hole high in the back of the neck, as determined by probing during the second autopsy. I think the bullet wound in the front of the neck was an entrance wound, just as the doctors at Parkland originally stated. Hence, a fragment of the bullet seems to have exited in the back of the neck, close to the skull. Custer recalled seeing numerous bullet fragments in the C3/C4 area in x-rays of the cervical spine. Thus, it seems likely that portions of that same bullet ended up in the cervical spine.

A bullet fragment exiting the back of the neck might have caused the hole under the collar of the President's coat that allegedly was created when the FBI took a control sample from that area. Dr. Humes described this hole in his Warren Commission [testimony](#). From Mr. Specter's questions it appears Humes was supposed to answer the

defect was only in the inner layer of the collar, but Humes states both layers were perforated “in an irregular fashion.”

Mr. SPECTER: Taking 393 at the start, Doctor Humes, will you describe for the record what hole, if any, is observable in the back of that garment which would be at or about the spot you have described as being the point of entry on the President's back or lower neck.

Commander HUMES: Yes, sir. This exhibit is a grey suit coat stated to have been worn by the President on the day of his death. Situated to the right of the midline high in the back portion of the coat is a defect, one margin of which is semicircular. Situated above it just below the collar is an additional defect. It is our opinion that the lower of these defects corresponds essentially with the point of entrance of the missile at Point C on Exhibit 385.

Mr. SPECTER: Would it be accurate to state that the hole which you have identified as being the point of entry is approximately 6 inches below the top of the collar, and 2 inches to the right of the middle seam of the coat?

Commander HUMES: That is approximately correct, sir. This defect, I might say, continues on through the material. Attached to this garment is the memorandum which states that one half of the area around the hole which was presented had been removed by experts, I believe, at the Federal Bureau of Investigation, and also that a control area was taken from under the collar, so it is my interpretation that this defect at the top of this garment is the control area taken by the Bureau, and that the reason the lower defect is not more circle or oval in outline is because a portion of that defect has been removed apparently for physical examinations.

Mr. SPECTER: Now, does the one which you have described as the entry of the bullet go all the way through?

Commander HUMES: Yes, sir, it goes through both layers.

Mr. SPECTER: How about the upper one of the collar you have described, does that go all the way through?

Commander HUMES: Yes, sir; it goes all the way through. It is not – wait a minute, excuse me it is not so clearly a puncture wound as the one below.

Mr. SPECTER: Does the upper one go all the way through in the same course?

Commander HUMES: No.

Mr. SPECTER - Through the inner side as it went through the outer side?

Commander HUMES: No, in an irregular fashion.

Both holes in the coat were also described by the Medical Panel of [HSCA](#) (HSCA Appendix to Hearings, Volume VII, p. 82). They stated that the second defect in the collar “did not penetrate the full thickness of the coat”.

(238) The second defect was artificially created in the FBI laboratory to obtain a sample of material for subsequent studies. It is located just below the collar and 3.3 centimeters to the right of the midline. It measures 0.9 centimeter in vertical diameter and 0.8 centimeter in transverse diameter. This defect does not penetrate the full thickness of the coat and was identified in the testimony of Special Agent R. A. Frazier of the FBI laboratory as the site of a control cloth sample removed and analyzed by the laboratory.

I find it very unlikely, or at least incredibly stupid, that the FBI should have taken a control sample of the coat in the collar, when they could have taken that sample virtually anywhere else on the coat. So I would suspect that there actually was second a bullet hole in the coat under the collar, possibly only through the inner layer. That suggests that a bullet fragment exited there, but it may have lost most of its velocity and penetrated only the inner layer of the collar of the coat.

It is also evident from the witnesses of the second autopsy (e.g. Knudsen, Lipsey) that there was no connection between the bullet path in the neck and the wound in the back as the autopsy report claimed. However, we might assume that when the pathologists determined the abovementioned bullet path through the neck, they realized they had to move the entrance wound in the back from below the scapula up to the base of the neck, so that they could get the imaginary bullet path as close as possible to the actual bullet path there.

In summary, I think there were three wounds of entry and two wounds of exit on President Kennedy. One bullet hit Kennedy in the front of the neck, injuring the trachea and the cervical spine; a portion of that bullet may have

exited in the back of the neck. A second bullet hit Kennedy in the back below his right shoulder. This bullet did not exit from the body. Fragments of the bullet may have caused some damage to the lungs and pleural cavities. A third bullet hit Kennedy in the left temporal area and exited in the occipital region, possibly a little to the right of the midline, and blowing out a large portion of the rear of the skull mainly on the right side. The right portion of that blown out segment of the skull was recovered in the Presidential limousine, whereas the center portion of that segment was missing at the completion of the first autopsy.

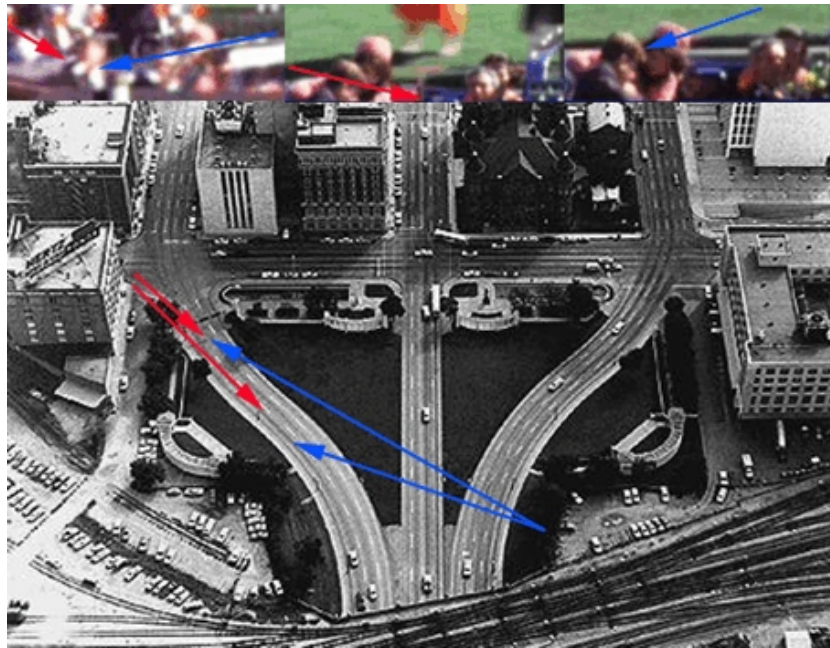


## THE SHOOTING IN DEALEY PLAZA

Based on the nature and location of President Kennedy's and Governor Connally's wounds, examination of the Zapruder film, and other evidence in the case, I think this is what happened in Dealey Plaza on November 22nd, 1963 (Figure 11):

There were two gunmen. One was located on the Southern Knoll, i.e. the parking lot in the southwestern corner of Dealey Plaza. This was the front shooter. The other was located on one of the upper floors of either the Texas School Book Depository or the Dal-Tex Building. This was the rear shooter. Each gunman fired two shots.

The two gunmen fired their first shot virtually simultaneously, giving rise to a firecracker like sound (approximately at Zapruder frame No. 200). The first shot from the front shooter hit Kennedy in the front of the neck, whereas the first shot from the rear shooter hit Kennedy in the back below his right shoulder. Then there was a pause of about 5 seconds. The rear shooter then fired his second shot (approximately at Zapruder frame No. 295). The bullet narrowly missed Kennedy's head, but hit Governor Connally in his back and inflicted all the wounds he sustained. About a second later (at Zapruder frame No. 312) the front shooter fired his second shot, the bullet hitting Kennedy in the left temporal area and blowing out the right rear of his skull. Thus, the front shooter fired the fatal head shot. Since the two shooters fired almost simultaneously the first time, there were only three audible shots in total.



**Figure 11** Possible location of two shooters in Dealey Plaza and sequence of shots during the assassination of President Kennedy and the wounding of Governor Connally. The first two shots were fired almost simultaneously, one from the rear and one from in front of the limousine hitting JFK in the back and throat, respectively, at approximately Z-200 [top left]. They sounded like a single shot. The third shot, fired from the rear, hit Governor Connally in his back at approximately Z-295 [top center]. The fourth shot, fired from the Southern Knoll, hit President Kennedy on the left side of his head at Z-312 [top right].

I won't go into a lengthy discussion about the proposed scenario, since what actually happened in Dealey Plaza is not the issue of this article. I am convinced that Governor Connally was not hit until about Zapruder frame No. 295, which is about a second before President Kennedy was hit by the fatal head shot. This is consistent with Connally's own testimonies about being hit *after* he had turned toward his rear to look at the President (after he had heard the first shot) and was in the process of turning forward again when he was hit. Many witnesses have said that the two last shots came in rapid succession. I would think the short interval between the latter two shots were the main reason why the Warren Commission proposed the single bullet theory. If they had said that the

second audible shot hit Connally, they would have had to determine the exact time (Zapruder frame) when he was hit, which would have been too close to the fatal head shot for there to be only one shooter.

I also think that the shooter in front of the limousine was located in or around the Southern Knoll rather than on the Grassy Knoll. On the Southern Knoll there would have been few people in the vicinity, since most spectators gathered along the streets where the motorcade traveled. And with one shooter on the Southern Knoll and one in the TSBD or Dal-Tex Building, both shooters would be firing in the same general direction, making it difficult to determine whether the bullets had entered in the back and exited in the front of the body, or vice versa. From the Southern Knoll the shooter would have been able to fire a third shot on the President if necessary.

The firing was apparently coordinated since both shooters opened fire at the same time. The simultaneous firing, together with the peculiar echos in Dealey Plaza, made it very difficult for the witnesses there to determine from where the shots had been fired. From the position of the two men in the limousine, it is clear that the second bullet from the rear shooter only narrowly missed Kennedy's head. If that bullet had hit him, it would have saved the conspirators a lot of trouble in covering up the fact that it was the front shooter on the Southern Knoll that fired the fatal shot.

The abovementioned scenario is largely corroborated by FBI director Hoover in his [telephone](#) conversation with president Johnson on November 29, 1963, one week after the assassination. They apparently knew there were more than one shooter, since they use "they" rather than "he" (Oswald). And one of the shooters had to be in front of the limousine, otherwise they couldn't have concluded that Governor Connally was hit because he got in Kennedy's way. That was a wrong conclusion, since Connally was actually hit from a shot from the rear. Anyway, Connally was obviously hit by a shot that missed President Kennedy (not by the magic bullet). And was the fatal head shot "the third shot which hit the President" or the third shot fired?

President JOHNSON: How many...how many shots were fired?

HOOVER: Three.

President JOHNSON: Any of them fired at me?

HOOVER: No. All three at the President...and we have them. Two of the shots fired at the President were splintered... but they had characteristics on them so that our ballistics experts were able to prove they were fired by this gun...the third shot which hit the President...he was hit by the first and the third...the second shot hit the Governor. The third shot is a complete bullet...and that ruled [sic] out of the President's head...it tore a large part of the President's head off...and, in trying to massage his heart at the hospital...on the way to the hospital...they apparently loosened that and it fell on to the stretcher. And we recovered that. And we have that. And we have the gun here also.

President JOHNSON: Were they aiming at the President?

HOOVER: They were aiming directly at the President. There is no question about that...this telescopic lens which I've looked through, it brings a person as close to you as if they were sitting right beside you and we also have tested the fact that you could fire those three shots...were fired...within three seconds. There had been some story going around in papers and so forth that there must have been more than one man...because...no one man could fire those shots in the time they were fired. We have just proved that by the actual test we've just made...

President JOHNSON: How did it happen they hit Connally...

HOOVER: Connally turned...to the President...when the first shot was fired...and I think in that turning...it was where he got hit.

President JOHNSON: If he hadn't turned...he probably wouldn't have got hit?

HOOVER: I think that is very likely.

President JOHNSON: Would the President 've got hit the second one?

HOOVER: No, the President wasn't hit with the second one....

President JOHNSON: I say, if Connally hadn't been in his way?

HOOVER: Oh, yes...yes...the President would no doubt have been hit...

President JOHNSON: He would have been hit three times....

HOOVER: He would have been hit three times....[...]



## **KENNEDY WAS KILLED IN A COUP D'ETAT**

Although I have not stated it specifically before, it ought to be very evident that President Kennedy was assassinated in a coup d'état involving Vice President Lyndon B. Johnson, the Secret Service and the Military, particularly the Navy. Apparently Hoover and the FBI also assisted, particularly in the subsequent cover-up and the framing of Oswald as the killer. Whether the CIA participated or not cannot be determined from the medical evidence alone.

The Secret Service, assisted by elements in the Navy and the Army, were in total control of the autopsies and the autopsy materials, and they must therefore have been responsible for the forgery of the medical evidence. Hence, it is reasonably to assume that they wanted to cover-up an assassination their own people had executed. And they couldn't have done that cover-up without the knowledge of and the consent of the new President. So it is reasonable to assume that the former Vice President, Lyndon B. Johnson, and his associates were behind the assassination and the coup. However, I will leave it to others to find out who actually was involved in the coup.

Admiral George C. Burkley, the President's personal physician, seems to have played a key role in the assassination and the subsequent medical cover-up, since he and his associates in the Navy and Secret Service were in charge of the two autopsies at Bethesda and the handling of the autopsy materials. In fact, the assassination seems to have originated from the Executive Office Building of the White House, where Vice President Johnson, Admiral Burkley and the Secret Service had their offices.

Since the Secret Service and the FBI were involved in the conspiracy to kill President Kennedy, every piece of evidence from the assassination these agencies processed must be looked upon with great suspicion. The other evidence may be just as falsified as the medical evidence presented in this article.

What is particularly astonishing in this case, is the large number of people that must have been involved in the assassination and the subsequent cover-up and/or must have known about it at that time and in the ensuing years. How could so many people remain silent? Was it out of fear or out of conviction?