

Boswell, J. Thornton (Cdr)

Other Individuals and Organizations
Involved or Interviewed

Boswell, J. Thornton

Exh 12

The Assassination of President John F. Kennedy
on November 22, 1963, at Dallas, Texas

attach 11

~~Confidential~~ *12/18/63*

The President with Mrs. Kennedy and official party arrived at Love Field, Dallas, Texas, aboard AF #1 (USAF 26000) at 11:40 a.m. (cst). After receiving members of the official reception party, the President and Mrs. Kennedy walked over to a fenced area and shook hands with many of the people who had gathered there to view their arrival. At the conclusion of greeting the gathering, the President, Mrs. Kennedy, Governor and Mrs. Connally entered the presidential limousine (special car: bubble-top, 1961 Lincoln Continental, seven-passenger, four-door convertible sedan). The President sat on the right rear seat with Mrs. Kennedy to the left of him. Governor Connally sat on the right jump seat and Ms. Connally sat on the left jump seat. I rode in the front (right side) and William Greer drove the vehicle.

In the Secret Service follow-up car, 1956 Cadillac touring sedan (top down), driven by SA Samuel Kinney, ATSAIC Emory Roberts rode in the right front seat, SA John Ready stood on the right front running board, SA Paul Landis on right rear running board, SA Clinton J. Hill on left front running board and William McIntyre on left rear running board. SA Glen Bennett rode in the right rear seat and SA George Hickey on the left rear seat. Mr. Kenneth O'Donnell and Mr. David Powers (White House staff) rode the left and right jump seats respectively.

Behind the follow-up car was the Vice President's car with Vice President and Mrs. Johnson and Senator Yarborough in the rear seat. SA Rufus Youngblood rode in the right front seat and a police officer drove the car. The following vehicles were four cars of congressional members, press cars, VIP bus and then press busses.

We departed Love Field at 11:55 a.m., along the planned motorcade route, enroute to a luncheon at the Trade Mart, given by the Democratic Citizens Council, scheduled for 12:30 p.m. cst. As the motorcade completed the main thoroughfare through Dallas, we made a sharp right turn, for about a 1/2 block, then a curved left turn into a slight downhill grade, entering an area with little or no spectators. We were still traveling at the normal rate of speed of from 12 to 15 miles per hour when I heard a noise, similar to a firecracker, exploding in the area to the rear of the car, about 12:30 p.m.

Immediately I heard what I firmly believe was the President's voice, "My God, I'm hit!" I turned around to find out what happened when two additional shots rang out, and the President slumped into Mrs. Kennedy's

DECLASSIFIED
Tren Dept SS
lett. P-12-65
per NWFLing

~~Confidential~~

*Commission No. 3
Secret Service*

lap and Governor Connally fell into Mrs. Connally's lap. I heard Mrs. Kennedy shout, "What are they doing to you?"

~~Confidential~~ yelled at William Greer (the driver) to "Step on it, we're hit!" and grabbed the mike from the car radio, called to SA Lawson in the police lead car that we were hit and to get us to a hospital.

With SA Lawson riding in the police car they quickly formed the accompanying escort for the motorcade around our limousines and sped us through the streets to the emergency entrance of Parkland Memorial Hospital. Sometime during the ride to the hospital while looking back into the car I noticed SA Hill hanging on to the back of the car, laying across the trunk. When we got to the hospital I called to the agents to get two stretchers. The special agents of the follow-up car with the police ran into the hospital, obtained two stretchers on wheels. We placed the Governor on the first one at which time I noticed he was conscious and I spoke to him saying, "Governor, everything is going to be all right." His eyes were wide open and he nodded his head in agreement. Just before we removed the President, SA Hill took off his coat, placed it over the President's head and chest and we placed him on the stretcher. Both were taken into separate emergency rooms. The hospital staff appeared quickly and went immediately to work. I accompanied the President to the emergency room. His eyes were closed but I could see no visible damage to his face. The room was crowded with the medical people so I immediately walked out into a doctor's room, asked SA Lawson for the phone number of the White House switchboard in Dallas. SA Hill dialed the number to the White House operator in Washington and I talked with Gerald A. Behn, Special Agent in Charge, White House Detail. I informed him that we had an incident in Dallas, the President and Governor Connally had been shot and both were in emergency rooms at the Parkland Memorial Hospital. This I believe was about 12:38 p.m. cst. This direct telephone line from Dallas to SAIC Behn at Washington was kept open from this time until the plane departed. SAIC Behn was kept informed of all proceedings, plans or desires of both Mrs. Kennedy and President Johnson.

We immediately secured the corridors and the emergency room area, furnished the blood type of the President to the medical staff upon their request. It should be noted that Vice President and Mrs. Johnson were placed in a separate room away from the emergency room. Some time later SA Warren Taylor came to me and said the Vice President wanted to see me. Mr. Johnson asked me the condition of the President and the Governor. I advised him that the Governor was taken up to surgery, that

~~Confidential~~

~~Confidential~~

the doctors were still working on the President. He asked me to keep him informed of his condition. SA Kinney entered the emergency room area when I returned there and asked if it would be all right to drive the President's car and the follow-up car back to the airport, load them aboard the plane. I said "Yes" and told him to return the cars to Washington, D.C.

The 4 to 12 shift (ATSAIC Stout, etc.) joined us at the emergency room and the 8 to 4 shift (ATSAIC Roberts, etc.) immediately joined the Vice President and Mrs. Johnson.

Through Dr. Burkley, President's physician, we were advised officially of the death of the President which was registered on the death certificate as 1 p.m. cst. Between 1 p.m., and our departure from the hospital at 2:04 p.m. cst., a casket was obtained and with Mrs. Kennedy, SA Hill and Dr. Burkley riding in the hearse with the casket, SA Berger (Stout and Kellerman in front seat) drove the hearse with police escort to Love Field.

The Vice President and Mrs. Johnson had preceded us with Roberts shift to the airport and when we had arrived, the field had been secured and we rushed to AF 26000. All available special agents carried the casket from the ambulance up the rear steps and placed it in the rear section of the plane. When we boarded the plane, Vice President Johnson and his party were aboard the plane. The services of Federal Judge Sarah T. Hughes was obtained, she was brought into the plane, and Vice President Johnson was administered the oath of office and sworn in as President at 2:38 p.m. cst.

At 2:47 p.m., USAF 26000 was airborne for Washington, D. C., arriving at Andrews Air Force Base at 5:58 p.m., est.

While airborne, arrangements were made for a Naval ambulance from the New Naval Medical Center at Bethesda to be available at the airport. Upon landing we removed the casket, placed it into the ambulance. At the airport, Chief Rowley advised me that two FBI agents, Francis O'Neill, Jr., and James Siebert, had been assigned to this case and to allow them into the morgue at the U. S. Naval Hospital. I told Chief Rowley the cars would arrive at Andrews at about 8 p.m., and suggested he assign field agents to them to completely go over them for any evidence that might be found.

Mrs. Kennedy, Robert Kennedy and General McHugh sat in the rear of the ambulance; SAs Greer, Landis and myself with Dr. Burkley rode in the front to Bethesda, with a police escort. The body was immediately taken to the morgue and the family was assigned rooms in the Towers ~~_____~~

RHK

~~Confidential~~

Confidential

of the Center. Hill and Landis remained with Mrs. Kennedy in her quarters and William Greer and I remained in the morgue and viewed the autopsy examinations which were performed by Vice Admiral Gallway, Commanding Officer, NNMC, Chief Pathologist Cdr. James Humes, Lt. Col. Pierre A. Finck who is Chief, Military Environmental Pathology Division and Chief of Wound Ballistics, Pathology Branch, and J. Thornton Boswell, Cdr. Medical Corps, USN, together with the Naval Medical Staff. SA O'Leary was also in the morgue briefly. Agents O'Neill and Siebert were present.

During the night Joseph Gawlers Sons, Inc., funeral directors, were notified by Robert Kennedy and Sargent Shriver and a new coffin was obtained. After the completion of the autopsy and before the embalming I summoned SA Hill down to the morgue to view the body and to witness the damage of the gunshot wounds. The embalming was performed after the autopsy by the staff of Joseph Gawlers.

Prior to our departure from the Naval Hospital I received all film, x-rays, that were used during this autopsy, and upon arrival at the White House I turned them over to SAIC Bouck.

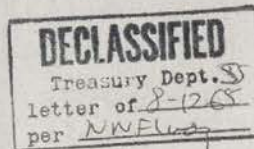
We left the hospital at 3:56 a.m. in the Navy ambulance and with police escort motored to the White House. Mrs. Kennedy and Robert Kennedy rode in the hearse, SA Greer drove, Kellerman in the front seat, SAs Hill and Landis with members of the family rode in cars following the ambulance. We arrived at the White House at 4:24 a.m. The body was placed in the East Room.

On Wednesday, November 27, 1963, FBI Agents O'Neill and Siebert were given an oral statement along the lines of this report.

Roy H. Kellerman
Roy H. Kellerman
Assistant Special Agent in Charge

11-29-63

Confidential



Russell, J. Thornton

OPTIONAL FORM NO. 10
5010-104

UNITED STATES GOVERNMENT

Commission No. 77

6

Memorandum

U. S. Secret Service

TO : J. Lee Rankin
General Counsel

FROM : James J. Rowley
Chief, U. S. Secret Service

SUBJECT: Autopsy Report

DATE: December 20, 1963

Ken 4
" 4-1

KP

Indy Copy

There is attached standard form 503, a clinical record of the autopsy protocol prepared by the Naval Medical School, Bethesda, Md., relative to the autopsy performed on President John F. Kennedy.

James J. Rowley

XERO COPY

XERO COPY

XERO COPY

XERO COPY

Standard Form 303
 Revised August 1964
 Promulgated
 By Bureau of the Budget
 Circular A-32 (Rev.)

CLINICAL RECORD		AUTOPSY PROTOCOL A63-272 (JFH:ec)			
DATE AND HOUR DIED		A. M.	DATE AND HOUR AUTOPSY PERFORMED	A. M.	CHECK ONE
22 November 1963 1300 (CST)		P. M.	22 November 1963 2000 (EST)	M.	FULL AUTOPSY HEAD ONLY TRUNK ONLY
PROSECTOR (497831)		ASSISTANT (489878)			
CDR J. J. HUMES, MC, USN		CDR "J" THORNTON BOSWELL, MC, USN		X	
CLINICAL DIAGNOSES (Including operations)		LCOL PIERRE A. FINCK, MC, USA (04 043 322)			

Ht. - 72½ inches
 Wt. - 170 pounds
 Eyes - blue
 Hair - Reddish brown

PATHOLOGICAL DIAGNOSES

CAUSE OF DEATH: Gunshot wound, head.

APPROVED SIGNATURE

J. J. HUMES, CDR, MC, USN

MILITARY ORGANIZATION (When required)	AGE	SEX	RACE	IDENTIFICATION NO.	AUTOPSY NO.
PRESIDENT, UNITED STATES	46	Male	Cauc.		A63-272
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.	WARD NO.

KENNEDY, JOHN F.
 NAVAL MEDICAL SCHOOL

AUTOPSY PROTOCOL
 Standard Form 303

XERO COPY

XERO COPY

XERO COPY

JFH *WJ*

CLINICAL SUMMARY:

According to available information the deceased, President John F. Kennedy, was riding in an open car in a motorcade during an official visit to Dallas, Texas on 22 November 1963. The President was sitting in the right rear seat with Mrs. Kennedy seated on the same seat to his left. Sitting directly in front of the President was Governor John B. Connolly of Texas and directly in front of Mrs. Kennedy sat Mrs. Connolly. The vehicle was moving at a slow rate of speed down an incline into an underpass that leads to a freeway route to the Dallas Trade Mart wherethe President was to deliver an address.

Three shots were heard and the President fell forward bleeding from the head. (Governor Connolly was seriously wounded by the same gunfire.) According to newspaper reports ("Washington Post" November 23, 1963) Bob Jackson, a Dallas "Times Herald" Photographer, said he looked around as he heard the shots and saw a rifle barrel disappearing into a window on an upper floor of the nearby Texas School Book Depository Building.

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

Dr. Perry noted the massive wound of the head and a second much smaller wound of the low anterior neck in approximately the midline. A tracheostomy was performed by extending the latter wound. At this point bloody air was noted bubbling from the wound and an injury to the right lateral wall of the trachea was observed. Incisions were made in the upper anterior chest wall bilaterally to combat possible subcutaneous emphysema. Intravenous infusions of blood and saline were begun and oxygen was administered. Despite these measures cardiac arrest occurred and closed chest cardiac massage failed to re-establish cardiac action. The President was pronounced dead approximately thirty to forty minutes after receiving his wounds.

The remains were transported via the Presidential plane to Washington, D.C. and subsequently to the Naval Medical School, National Naval Medical Center, Bethesda, Maryland for postmortem examination.

GENERAL DESCRIPTION OF BODY:

The body is that of a muscular, well-developed and well nourished adult Caucasian male measuring 72½ inches and weighing approximately 170 pounds. There is beginning rigor mortis, minimal dependent livor mortis of the dorsum, and early algor mortis. The hair is reddish brown and abundant, the eyes are blue, the right pupil measuring 8 mm. in diameter, the left 4 mm. There is edema and ecchymosis of the inner canthus region of the left eyelid measuring approximately 1.5 cm. in greatest diameter. There is edema and ecchymosis diffusely over the right supra-orbital ridge with abnormal mobility of the underlying bone. (The remainder of the scalp will be described with the skull.)

XERO COPY

XERO COPY

XERO COPY

There is clotted blood on the external ears but otherwise the ears, nares, and mouth are essentially unremarkable. The teeth are in excellent repair and there is some pallor of the oral mucous membrane.

Situated on the upper right posterior thorax just above the upper border of the scapula there is a 7 x 4 millimeter oval wound. This wound is measured to be 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process.

Situated in the low anterior neck at approximately the level of the third and fourth tracheal rings is a 6.5 cm. long transverse wound with widely gaping irregular edges. (The depth and character of these wounds will be further described below.)

Situated on the anterior chest wall in the nipple line are bilateral 2 cm. long recent transverse surgical incisions into the subcutaneous tissue. The one on the left is situated 11 cm. cephalad to the nipple and the one on the right 8 cm. cephalad to the nipple. There is no hemorrhage or ecchymosis associated with these wounds. A similar clean wound measuring 2 cm. in length is situated on the antero-lateral aspect of the left mid arm. Situated on the antero-lateral aspect of each ankle is a recent 2 cm. transverse incision into the subcutaneous tissue.

There is an old well healed 8 cm. McBurney abdominal incision. Over the lumbar spine in the midline is an old, well healed 15 cm. scar. Situated on the upper antero-lateral aspect of the right thigh is an old, well healed 8 cm. scar.

MISSILE WOUNDS:

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

From the irregular margins of the above scalp defect tears extend in stellate fashion into the more or less intact scalp as follows:

- a. From the right inferior temporo-parietal margin anterior to the right ear to a point slightly above the tragus.
- b. From the anterior parietal margin anteriorly on the forehead to approximately 4 cm. above the right orbital ridge.
- c. From the left margin of the main defect across the midline antero-laterally for a distance of approximately 8 cm.
- d. From the same starting point as c. 10 cm. postero-laterally.

XERO COPY

XERO COPY

XERO COPY

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.

Clearly visible in the above described large skull defect and exuding from it is lacerated brain tissue which on close inspection proves to represent the major portion of the right cerebral hemisphere. At this point it is noted that the falx cerebri is extensively lacerated with disruption of the superior sagittal sinus.

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

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

The brain is removed and preserved for further study following formalin fixation.

Received as separate specimens 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. Roentgenograms of this fragment reveal minute particles of metal in the bone at this margin. Roentgenograms of the skull reveal multiple minute metallic fragments along a line corresponding with a line joining the above described small occipital wound and the right supra-orbital ridge. From the surface of the disrupted right cerebral cortex two small irregularly shaped fragments of metal are recovered. These measure 7 x 2 mm. and 3 x 1 mm. These are placed in the custody of Agents Francis X. O'Neill, Jr. and James W. Sibert, of the Federal Bureau of Investigation, who executed a receipt therefor (attached).

2. The second wound presumably of entry is that described above in the upper right posterior thorax. Beneath the skin there is ecchymosis of subcutaneous tissue and musculature. The missile path through the fascia and musculature cannot be easily probed. The wound presumably of exit was that described by Dr. Malcolm Perry of Dallas in the low anterior cervical region. When observed by Dr. Perry the wound measured "a few millimeters in diameter", however it was extended as a tracheostomy incision and thus its character is distorted at the time of autopsy. However, there is considerable ecchymosis of the strap muscles of the right side of the neck and of the fascia about the trachea adjacent to the line of the tracheostomy wound. The third point of reference in connecting

XERO
COPYXERO
COPYXERO
COPYXERO
COPY

these two wounds is in the apex (supra-clavicular portion) of the right pleural cavity. In this region there is contusion of the parietal pleura and of the extreme apical portion of the right upper lobe of the lung. In both instances the diameter of contusion and ecchymosis at the point of maximal involvement measures 5 cm. Both the visceral and parietal pleura are intact overlying these areas of trauma.

INCISIONS:

The scalp wounds are extended in the coronal plane to examine the cranial content and the customary (Y) shaped incision is used to examine the body cavities.

THORACIC CAVITY:

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

LUNGS:

The lungs are of essentially similar appearance the right weighing 320 Gm., the left 290 Gm. The lungs are well aerated with smooth glistening pleural surfaces and gray-pink color. A 5 cm. diameter area of purplish red discoloration and increased firmness to palpation is situated in the apical portion of the right upper lobe. This corresponds to the similar area described in the overlying parietal pleura. Incision in this region reveals recent hemorrhage into pulmonary parenchyma.

HEART:

The pericardial cavity is smooth walled and contains approximately 10 cc. of straw-colored fluid. The heart is of essentially normal external contour and weighs 350 Gm. The pulmonary artery is opened in situ and no abnormalities are noted. The cardiac chambers contain moderate amounts of postmortem clotted blood. There are no gross abnormalities of the leaflets of any of the cardiac valves. The following are the circumferences of the cardiac valves: aortic 7.5 cm., pulmonic 7 cm., tricuspid 12 cm., mitral 11 cm. The myocardium is firm and reddish brown. The left ventricular myocardium averages 1.2 cm. in thickness, the right ventricular myocardium 0.4 cm. The coronary arteries are dissected and are of normal distribution and smooth walled and elastic throughout.

ABDOMINAL CAVITY:

The abdominal organs are in their normal positions and relationships and there is no increase in free peritoneal fluid. The vermiform appendix is surgically absent and there are a few adhesions joining the region of the cecum to the ventral abdominal wall at the above described old abdominal incisional scar.

SKELETAL SYSTEM:

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

PHOTOGRAPHY:

Black and white and color photographs depicting significant findings are exposed but not developed. These photographs were placed in the custody of Agent Roy H. Kellerman of the U. S. Secret Service, who executed a receipt therefore (attached).

XERO
COPYXERO
COPYXERO
COPY

ROENTGENOGRAMS:

Roentgenograms are made of the entire body and of the separately submitted three fragments of skull bone. These are developed and were placed in the custody of Agent Roy H. Kellerman of the U. S. Secret Service, who executed a receipt therefor (attached).

SUMMARY:

Based on the above observations it is our opinion that the deceased died as a result of two perforating gunshot wounds inflicted by high velocity projectiles fired by a person or persons unknown. The projectiles were fired from a point behind and somewhat above the level of the deceased. The observations and available information do not permit a satisfactory estimate as to the sequence of the two wounds.

The fatal missile entered the skull above and to the right of the external occipital protuberance. A portion of the projectile traversed the cranial cavity in a posterior-anterior direction (see lateral skull roentgenograms) depositing minute particles along its path. A portion of the projectile made its exit through the parietal bone on the right carrying with it portions of cerebrum, skull and scalp. The two wounds of the skull combined with the force of the missile produced extensive fragmentation of the skull, laceration of the superior saggital sinus, and of the right cerebral hemisphere.

The other missile entered the right superior posterior thorax above the scapula and traversed the soft tissues of the supra-scapular and the supra-clavicular portions of the base of the right side of the neck. This missile produced contusions of the right apical parietal pleura and of the apical portion of the right upper lobe of the lung. The missile contused the strap muscles of the right side of the neck, damaged the trachea and made its exit through the anterior surface of the neck. As far as can be ascertained this missile struck no bony structures in its path through the body.

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

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

J. J. Humes
J. J. HUMES
 CDR, MC, USN (497831)

"J" Thornton Boswell
"J" THORNTON BOSWELL
 CDR, MC, USN (489878)

Pierre A. Finck
PIERRE A. FINCK
 LT COL, MC, USA
 (04-043-322)

XERO COPY

XERO COPY

XERO COPY

JPH *JPH*

Other Individuals and Organizations
Involved or Interviewed

AS:mln

MEMORANDUM

*Boswell, "J" Thornton
(Cmdr.)*

March 12, 1964

TO: Mr. J. Lee Rankin
FROM: Arlen Specter
SUBJECT: Interview of Autopsy Surgeons

On the afternoon of March 11, 1964, Joseph A. Ball, Esq., and I went to Bethesda Naval Hospital and interviewed Admiral C. B. Holloway, Commander James J. Humes and Commander "J" Thornton Boswell. The interview took place in the office of Admiral Holloway, who is the commanding officer of the National Naval Medical Center, and lasted from approximately 3:30 p.m. to 5:30 p.m.

Commander Humes and Commander Boswell, along with Lt. Col. Pierre A. Finck, who is currently in Panama, conducted the autopsy and Admiral Holloway was present at all times. They described their activities and findings in accordance with the autopsy report which had been previously submitted as Commission Report #77.

All three described the bullet wound on President Kennedy's back as being a point of entrance. Admiral Holloway then illustrated the angle of the shot by placing one finger on my back and the second finger on the front part of my chest which indicated that the bullet traveled in a consistent downward path, on the assumption that it emerged in the opening on the President's throat which had been enlarged by the performance of the tracheotomy in Dallas.

Commander Humes explained that they had spent considerable time at the autopsy trying to determine what happened to the bullet because they found no missile in the President's body. According to Commander Humes, the autopsy surgeons hypothesized that the bullet might have been forced out of the back of the President on the application of external heart massage after they were advised that a bullet had been found on a stretcher at Parkland Hospital.

Dr. Humes and Dr. Boswell were shown the Parkland report which describes the wound of the trachea as being "ragged", which they said was characteristic of an exit rather than an entrance wound. Dr. Humes and Dr. Boswell further said that it was their current opinions that the bullet passed in between two major muscle strands in the President's back and continued on a downward flight and exited through his throat. They noted, at the time of the autopsy, some bruising of the internal parts

- 2 -

of the President's body in that area but tended to attribute that to the tracheotomy at that time. Dr. Humes and Dr. Boswell stated that after the bullet passed between the two strands of muscle, those muscle strands would resist any probing effort and would not disclose the path of the bullet to probing fingers, as the effort was made to probe at the time of the autopsy.

We requested that Dr. Humes and Dr. Boswell prepare or have prepared drawings of the consequences of the shots on the President's body and head, and they also elaborated upon the facts set forth in their autopsy report.

Dictated from 11:30 to 11:45 a.m.

KP
Boswell, "J" Thornton
~~PC 9~~

March 16, 1964

PRESS RELEASE

The Commission met at 2:00 P.M. today and heard the testimony of the three physicians who signed the report of the autopsy performed on President John F. Kennedy at Bethesda Naval Hospital on November 22, 1963. The witnesses were:

Cdr. J. J. Hesse, MD, USN

Cdr. "J" Thornton Boswell, MD, USN

Lt. Col. Pierre A. Finch, MD, USA

Commissioners present were:

Chief Justice Earl Warren, Chairman

Senator John Sherman Cooper

Congressman Gerald Ford

Mr. Allen Dulles

Mr. John J. McGloay

The Commission will meet on Wednesday, March 18, 1964, at 9:00 A.M. to hear the testimony of Michael Paine and Mrs. Ruth Paine who knew Lee Harvey Oswald during the period of February, 1963, to November, 1964.

1963

ZP
Boswell, J. Thornton *PE 9*
(Cdr) *3/13/63*

PRESS RELEASE

The Commission met today at 9:00 a.m. and heard the testimony of three witnesses who knew Lee Harvey Oswald after his return from Russia in June 1962. Present were the Chairman, Chief Justice Earl Warren, and Congressman Gerald Ford. The names of the witnesses are:

Mrs. Declan Ford

Mr. Declan Ford

Mr. Peter Paul Gregory

On Monday, March 16, 1964, at 2:00 p.m. the Commission will hear the testimony of the following physicians who took part in the autopsy examination of the body of President John F. Kennedy conducted at Bethesda Naval Hospital during the night of November 22-23, 1963:

Cdr. J. J. Humes

Cdr. J. Thornton Boswell

Lt. Col. Finck