



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Dallas, Texas
June 16, 1964

LEE HARVEY OSWALD

On June 15, 1964, fingerprints and palm prints were obtained from the following employees of the Texas School Book Depository Building, Dallas, Texas:

Daniel Garcia Arca
Jack Edwin Dougherty
Buell Wesley Frazier
Charles Douglas Givens
James Earl Jarman, Jr. /
Frankie Kaiser
Roy Edward Lewis
Billy Nolan Lovelady
Eddie Piper
William Hoyt Shelley
Troy Eugene West
Bonnie Ray Williams.

*English & West
11/16/64*

On June 15, 1964, Mr. Roy S. Truly, Warehouse Superintendent, Texas School Book Depository Building, advised that employee Frankie Kaiser was not on duty on November 21 or 22, 1963.

On June 12, 1964, Mr. Roy S. Truly advised that the employees listed above are the only persons in this building who would ordinarily handle the cartons located near the sixth floor window. Mr. Truly therefore requested that other employees not be fingerprinted.

These fingerprints will be compared with the identifiable latent fingerprints and latent palm prints found on these cartons.

COMMISSION EXHIBIT No. 1980



OFFICE OF THE
COUNTY MEDICAL EXAMINER

2801 HARRY HINES BLVD.
DALLAS, TEXAS 75228

Autopsy Number: M03-356

Name: OSWALD, Lee Harvey Age: 24 Race: White Sex: Male

Autopsy date: 11-24-63, 2:45 P.M. Coroner: Judge Pierce McBride

Autopsy by: Earl F. Ross, M. D.
Assistant: Sidney C. Stewart, M. D.

EXTERNAL EXAMINATION:

External examination reveals a 5 foot, 9 inch white male, the estimated weight is 150 pounds. Rigor is not present, slight cooling of the body. There is faint posterior mottling lividity.

Identification bands on the left wrist, the right wrist, the left great toe. The head is examined. The hair is brown, slightly wavy. Small amount of dried blood in the hair which has run from the hairline to the right and backward. Slight frontal balding. To the right of the hairline over the forehead is a 1/2 x 1/16 inch crusted superficial abrasion. The hairline, left temporal region, is a 1/16 inch very superficial abrasion. There is a left periorbital hematoma which is purple in the central portion, fading at the margins to a faint lemon-yellow. Total diameter of this is 1 3/4 x 2 1/2 inch. The irides are gray-blue, the pupils are equal at 8 mm. The sclera and conjunctiva are not remarkable. Poorly defined scar on the dorsum of the nose which measures 1/2 x 1/4 inch. There is black ecchymosis in the nares. Hairline, upper lip, terminating at the vermillion margin is a 1/2 inch pale scar. To the left of the hairline, the upper lip, is a 1/16 inch abrasion. The buccal cavity is otherwise not remarkable. Oral hygiene is fair with some fillings. The tongue is not remarkable. The hard palate between 1 to 2 mm. Examination of the neck is normal. At the upper end of the right sternocleidomastoid over the skin is a transverse very superficial 3/4 inch scratch with some reddish antiseptic type of paint surrounding this. Hair distribution is normal. The pubic hair has been shaved. The penis is circumcised. The testes are descended. The abdomen is flat.

Over the left pectoral region, 1 1/2 inches from the top of the head and 2 3/4 inches to the left of the midline there is a 1 1/2 inch wound. The edges of this are clean. Over the left chest is an oblique wound which originates 17 inches from the top of the head and runs forward, downward toward the midline anteriorly measuring 7 1/2 inches and closed by 12 running black sutures. This wound goes inferior to the left nipple. Over the lateral aspect of the left arm, 16 inches from the top of the head is a 3/4 x 3/8 inch wound. It goes into the subcutaneous tissue. 18 inches from the top of the head over the lateral aspect anteriorly of the right arm there is a 1 x 1/2 inch wound which goes into the subcutaneous tissue. 21 1/2 inches from the top of the head originating slightly below the xiphoid running in the midline to above the pubis is a 10 1/2 inch anterior midline wound closed by 5 wire sutures. Above

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the radial malleolus on the right side there is a 1 3/4 inch transverse cut-down incision. Superficial to this is a transverse 1 3/8 inch superficial transverse incised wound. Above the left radial malleolus there is a 1 1/2 inch cut-down type of incised wound. To the left of the midline region of the second thoracic vertebra there is a very faint 3/8 inch bluish discoloration. In the right antecubital fossa is a very tiny needle puncture type of wound surrounded by bluish discoloration. In the left antecubital fossa there are three small needle puncture type of wounds surrounded by bluish discoloration. The nails are examined. They are somewhat dirty although quite well cared for. No evidence of injury is noted. On the anterior dorsum of the left hand, there is a poorly defined pale white oblique 1/2 inch scar. Over the volar aspect of the right wrist there is a transverse superficial 1/2 inch abrasion. Volar aspect of the left wrist there is a transverse 1 3/8 inch slightly raised white scar. Medial aspect of the right knee reddish very poorly defined 7/8 x 1/4 inch reddish discoloration. Over the left arm, below the deltoid there is a transverse 5/8 x 3/4 inch contused lacerated and irregular scar. A few striae along the lateral aspect of the thighs. Some of the hair of the chest has been shaved. In addition, to the left of the midline there is a round poorly defined round impression on the skin, the diameter of which is 2 inches. Over the medial aspect mid-distal third of the left arm there is a 1 1/2 inch vertical scar with cross hatching.

23 inches from the top of the head and 3 3/8 inches to the left of the midline anteriorly and 10 3/4 inches to the left of the midline posteriorly, over the lower aspect of the left chest there is an entrance type of wound which measures 1/4 x 5/16 inch in diameter. This is surrounded by a contusion ring, the total diameter of the contusion ring are 3/8 of an inch.

22 inches from the top of the head and 9 3/4 inches to the right of the midline anteriorly and 0 1/2 inches to the right of the midline of the back there is a vertical 2 x 1 inch gapping wound. Posterior to this by 1/2 inch there is a 3/4 x 3/8 inch irregular contused area.

INCISIONS: The standard "Y" thoracoabdominal and intercostal incisions are utilized. Reflecting the skin there is found to be a wound between the fourth and fifth rib which extends through the soft tissue and measures 6 inches in length. This concerns to the wound on the left chest. The incision is continued through the abdominal wound as well as the thoracotomy wound to the left of the midline of the chest.

CHEST CAVITIES: Examination of the chest cavities is made. In the left pleural space approximately 175 cc. of blood. In the right pleural space there is an excess of 600 cc. of blood. In the peritoneal cavity there is an excess of 1000 cc. of blood with clot formation. In addition, there is massive retroperitoneal hemorrhage. The omentum adjacent to the transverse colon and stomach is hemorrhagic and irregularly torn.

The abdominal pericardium measures 1 3/4 inches.

THE COURSE OF THE WOUND IS FOLLOWED. It is found to notch the undersurface of the seventh rib at the costochondral junction, this is surrounded by hemorrhage. In its course it reaches the diaphragmatic attachment in this region, however, the left lung is not penetrated. The course is found to go from left to right and backward. In its course it is found to strike the anterior edge of the spleen and there is a cruciate laceration of the spleen measuring approximately 1.5 x 2 cm.

The missile is found to penetrate the stomach along the greater curvature of the body of the stomach, the penetration measuring 9 cm. It exits from the stomach along the posterior wall, lesser curvature, 2 cm. distal to the cardioesophageal junction. The penetration measures 0 cm. It passes a course backward and to the right slightly caudad to the colic arcade and there is extensive hemorrhage in this area. The anterior and right antero-lateral aspect of the aorta is torn with the superior mesenteric artery being covered. The right renal artery shows destruction and hemorrhage along the cephalad portion. The right renal vein is torn and the tear involves the inferior vena cava, the dorsal surface. It courses through the upper pole of the right kidney along the anterior surface causing a jagged and irregular laceration covering a distance of 5 x 2 cm. with penetration into the calyces. It becomes perforated in the hepatovolar pouch and there is a jagged and irregular laceration of the liver covering a distance of 0.5 x 2 x 2 cm. From the liver it penetrates the diaphragm posteriorly on the right side. It then passes adjacent to the lung in the pleural space and the right lung is not penetrated. The eleventh rib to the right of the midline is irregularly fractured and an exit type of wound in this region and in the soft tissue along the posterior axillary line right side there is an incised wound and fragmentation of the rib.

NECK ORGANS: The neck organs are examined. They are not remarkable. The thyroid is intact. No evidence of injury is noted. The thyroid gland is not remarkable grossly.

LUNGS: The trachea and bronchi are not remarkable. The right lung is quite well aerated. The left lung is atelectatic. The peribronchial tissue is not remarkable, however, there is hemorrhage in the posterior collectima.

HEART: Examination of the right atrium as well as the right ventricle and a pulmonary artery shows frothing bubbles. The epicardium is essentially unimpacted with petechial hemorrhage, more noted over the left ventricular portion. The heart weighs 330 gm. There are a few subendocardial petechial hemorrhages. Along the anterior right ventricular surface there is a single suture. This is in the epicardial fat. The right ventricle measures 2 to 3 cm., the left 1.2 to 1.3 cm. The valvular circumferences are as follows: aortic valve - 7 cm., mitral valve - 10.5 cm., tricuspid valve - 11.5 cm., and pulmonary valve - 7 cm. The coronary ostia are in the normal location. The coronary arteries are examined in situ, found to be thin, delicate, of normal distribution and free of occlusions. There are left ventricular myocardial hemorrhages.

LIVER: The liver weighs 1260 gm. The penetration of the liver has previously been described.

GALLBLADDER & BILIARY TREE: Not remarkable.

PERICARDIAL CYSTIC: Examination of the pericardial cystic is made. There is frothing blood in the pericardial cystic. Extensive hemorrhage is noted to surround this, particularly in the region of the pancreas.

PANCREAS: The pancreas is surrounded by hemorrhage. The parenchyma of the pancreas is not penetrated and the ductal system is not remarkable.

SPLEEN: The spleen weighs 300 gm. The penetration of the spleen has previously been described.

DIAPHRAGM: The penetrations of the diaphragm have previously been described.

HEMOTYMPANICAL TISSUE: There is massive hemorrhage.

GRAND VESSELS: The penetration of the aorta has previously been described. The aorta is otherwise smooth and elastic. There is extensive periaortic hemorrhage which extends above the diaphragm in the posterior mediastinal tissues.

KIDNEYS: The kidneys weigh 490 gm. The destruction to the right kidney has previously been described. The capsule strips with slight difficulty. The cortical surfaces are smooth and pale. The corticomedullary junction is indistinct. The cortices measure 5 to 7 mm. There is hemorrhage into the perinephrium with destruction of the right kidney as previously described. The penetration of the calyces has also been described. About the pelvis of the right kidney there is extensive hemorrhage. The pelvis and ureters are otherwise not remarkable. The bladder contains bloody urine. The prostate is grossly not remarkable.

ADRENALS: The adrenals are both surrounded by hemorrhage, however, both are intact.

INTESTINAL TRACT: The small and large bowel are examined. They are free of penetrations. The appendix is identified. The large bowel contains some formed stool. The penetrations of the stomach have previously been described and there is blood in the stomach. The rugal pattern is not remarkable. The duodenum is not remarkable.

THYROID: The thyroid weighs approximately 15 gm., is quite fibrotic.

HEART, CRANIAL, CRANIAL CAVITY & DURA: Not remarkable. No evidence of injury is noted.

BRAIN: The brain weighs 1450 gm. The brain is symmetrical. The external surface of the brain is not remarkable. Configuration is normal. Multiple sections through the brain are taken and fail to reveal any abnormalities. The ventricular system is symmetrical. No abnormalities are encountered. The vascular system is not remarkable and the vessels are thin and delicate. The calvaria is not remarkable. The cervical vertebrae and odontoid are not remarkable.

MICROSCOPIC:

Aorta: There is disruption with fresh hemorrhage. No inflammation or organization.

Heart: There are hemorrhages in the epicardial fat, mild interstitial edema and focal fragmentation of the muscle fibers.

Lung: Areas of atelectasis and focal alveolar hemorrhagic extravasations.

Liver: Disruption with fresh hemorrhages, otherwise non-contributory.

Bowel: There are disruptions of the stomach with hemorrhages adjacent. The remainder of the bowel sections are non-contributory.

Spleen: There is disruption along one margin, otherwise non-contributory.

Thyroid: Non-contributory.

Pancreas: Non-contributory.

Gallbladder: Non-contributory.

Prostate: Non-contributory.

Lymph Nodes: Non-contributory.

Adrenals: There is extensive fresh hemorrhage adjacent, otherwise non-contributory.

Skin: Section through the entrance wound shows disruption with fresh hemorrhages. There is no organization or inflammation. Some amorphous debris and fibers in the depths of the wound.

Kidney: Sections show disruption of the right kidney with hemorrhages which are marked in the pelvic fat and perirenal tissues.

Central Nervous System: Multiple sections are examined and they are non-contributory.

COMMISSION EXHIBIT No. 1981--Continued

COMMISSION EXHIBIT No. 1981--Continued

HG3-356

FINDINGS:

Chest, left, gunshot wound.
 Penetration of the spleen, stomach, aorta, kidney, liver and diaphragm.
 Massive retroperitoneal hemorrhage.
 Massive peritoneal hemorrhage.
 Right and left hemithorax.
 Heart, left ventricular epicardial and myocardial hemorrhages.
 Atrium, right; ventricle, right; pulmonary artery, - air.
 Lung, left, atelectasis.
 Chest, left, thoracotomy.
 Abdomen, laparotomy incision.
 Arm, left; arm, right; ankle, right; ankle, left - cut-down incisions.
 Chest, right, incised wound.
 Eye, left, periorbital hematoma.
 Forehead and lip, abrasion.
 Left wrist and left arm, scars.

CAUSE OF DEATH:

Hemorrhage, secondary to gunshot wound of the chest.

DALLAS COUNTY HOSPITAL DISTRICT
 (Parkland Memorial Hospital)

Date 11/26/63

TOXICOLOGICAL REPORT

Case of Lee Harvey Oswald Autopsy No. HJ63-356Autopsy by Dr. Rose On 11/24/63Examined for Alcohol and barbiturate.Organs submitted Blood (see also report on skin, below).


RESULTS OF ANALYSES:

Poisonous Gases _____

Volatile Poisons _____ Negative.Acid-Ether soluble poisons _____ Negative.Alkaline-Ether soluble poisons _____ -Ammonia-Ether or Imm.-Chloroform soluble poisons _____ -Metallic Poisons _____ -Mineral acids and alkalis _____ -Halogens and their salts _____ -Salts of Oxy-acids _____ -Poisons isolated by special methods _____ -REMARKS: Blood type = "A"

No nitrates were detected around the bullet hole in the specimen of skin and specimen of ligament submitted.

 Earl F. Rose, M. D.


 Toxicologist, Dallas County Hospital
 District

DALLAS COUNTY DAIRY INDUSTRY INVESTIGATION LABORATORY
(Parkland Memorial Hospital)
Dallas, Texas
BLOOD AND URINE

FD-302 (Rev. 3-3-59)

FEDERAL BUREAU OF INVESTIGATION

Commission Exhibit No. 1982

Case of HL67-356 Referred by Medical Staff
Blood drawn by At Parkland Hospital
Date Time AM. Antiseptic used
Officers, identification, etc.:

Date 11/25/63

1

SA MANNING C. CLEMENTS was assigned, immediately upon receipt of information that President JOHN F. KENNEDY had been assassinated, to establish liaison with the office of Chief of Police JESSE E. CURRY.

Upon arrival at Chief CURRY's office at 1:00 PM, it was learned he was out of the office. SA CLEMENTS made his presence known to Captain GLEN D. KING, Administrative Assistant to the Chief; Deputy Chief R. H. LUNDAY, and to Sergeant ART HAMMETT, Public Relations Officer.

At instructions of SAC J. GORDON SHANKLIN, the above officers were informed of the extreme interest of Director HOOVER in the investigation and that the full facilities of the FBI Laboratory, Identification Division, and other services were available, that any requests would be immediately relayed. During the course of the period from 1:00 PM, November 22, 1963, to 2:00 PM, November 23, 1963, the above officers and other ranking personnel advised SA CLEMENTS of developments coming to their attention which were relayed to the FBI Office.

During the period described above and following the apprehension of LEE HARVEY OSWALD, it was observed large numbers of news reporters, cameramen, and perhaps others, congregated in the third floor corridors of the City Hall, housing administrative offices of the Police Department and various bureau offices, including Homicide & Robbery, where OSWALD was in custody.

Upon arrival of Chief CURRY at his office during the afternoon of November 22, 1963, SA CLEMENTS advised him of Agent's presence to relay any requests for FBI assistance, of Director HOOVER's extreme interest, and of the availability of FBI facilities. Upon instructions of SAC SHANKLIN, Chief CURRY was informed Director HOOVER had expressed his concern that OSWALD should be afforded the utmost security.

SA CLEMENTS did not observe any officers stationed at the third floor elevators to prevent the entrance of persons to the third floor at the outset. However, later in the afternoon, it was observed uniformed officers were stationed at the elevator and were looking at identification offered by persons who happened to be observed by SA CLEMENTS.

Specimen received from: All Date By
 Dallas F.D. Lab. Look Box at AM. Date By
 E.C. Lab. Look Box at 1:15 AM. Date 11/25/63 By W. Patterson
 Other (Describe): Normal and Nat.

Specimen transferred to (Analyst).
Time 1:50 AM. Date 11/25/63 By W. Patterson
Specimen container: One test tube stoppered with rubber stopper.

Information from:
Analytical
Specimen: Date and time of analysis 11/25/63 2:20 AM

Whole Blood
 Plasma or serum Analyst:

Date (Micro-Greenberg Method):

$V_1 = 2.82$	$U_1 = 2.73$	Calculation:
$V_2 = 2.82$	$U_2 = 2.73$	
$V_{av.} = 2.82$	$U_{av.} = 2.73$	Negative for alcohol.
$B_1 = 2.86$	$S_1 = 0.19$	
$B_2 = 2.86$	$S_2 = 0.19$	
$B_{av.} = 2.86$		

Gas chromatogram Yes No

Result: Alcohol content Negative

Dallas City-County Criminal
Investigation Laboratory

on 11/22-23/63 at Dallas, Texas File # DL 44-1639
by Special Agent MANNING C. CLEMENTS/gab Date dictated 11/25/63

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