The headwound according to witnesses

Beverly Oliver: "The whole back of his head went flying out the back of the car."

Phillip Willis: "It took the back of his head off."

Den Carriere: "It was up in this area." Dr. Richard Dulany: "There was a massive wound at the back of his head."

Nurse Audrey Bell: "I was in the right back part of the head — very large. A portion of the cerebellum fell out on the table as we were doing the tracheotomy."

Dr. Robert McClelland: "...right there, occipital parietal."

Dr. Paul Peters: "This wound extended into the parietal area."

Dr. Kenneth Salyer: "If you shoot up the truth and bury it under the ground, it will not..."
"Treason does never prosper. What's the reason? When it prospers, None dare call it treason."

Sir John Harrington

Dr. Charles Crenshaw: "The wound was the size of a baseball."
Dr. Ronald Jones: "My impression was that it was a wound to the top of the head." When was the bullet actually fired? Parkland Hospital.

Theran Ward: "[It was] right back here."
Aubrey Rike: "You could feel the sharp edges of the bone at the edge of the hole in the back of his head."
Jerrol Custer: "From the top of the head, almost to the base of the skull, you could see where that part was gone."
Paul O'Connor: "[There was] an open area all the way across into the rear of the brain."

A pictorial representation of President Kennedy's head wound as observed by Dr. Robert W. McClelland of Parkland Hospital.
Dear Tracy:

1. Wounds:
   1) Front: lower third of neck entrance.
   2) Left occipital parietal area—exit—side tangential also from frontal side.

You might enjoy the enclosed letter.

David Naro
3779 Knight Rd.
Memphis, TN 38118

Dr. Cyril H. Wecht, M.D.
Dept. of Pathology
St. Francis Central Hospital
1700 Center E. Ave.
Pittsburgh, PA 15219

January 07, 1994

Dr. Wecht:

Confirming our telephone conversation of 01-07-94, I spoke with Dr. Kent Clark on Wednesday, January 05, 1994. I telephoned Dr. Clark at his office at Parkland Hospital in Dallas to ask some questions regarding the assassination of President John F. Kennedy.

I asked Dr. Clark what the President's head looked like. Dr. Clark said, "The back of the President's head was blown out."

I asked Dr. Clark if the wound in the back of the President's head was an exit or an entry wound. Dr. Clark's response was, "In my opinion the wound was an exit wound."

As we discussed, I am willing to testify regarding my telephone conversation with Dr. Clark.

Yours truly,

David Naro
7-9 SKULL FROM BEHIND (NORMA OCCIPITALIS)

Observe:
1. The outline is horsehoe-shaped from the tip of one mastoid process over the vertex to the tip of the other.
2. At the base of the skull, the outline is nearly straight from one mastoid process to the other, except where the occipital condyles project downward. On each side, it crosses two grooves (for the origin of the posterior belly of Digastri over laterally, and for the occipital artery medially). Between the condyles is the foramen magnum.
3. The surface is convex. Near the center is the lambda. From it a transverse suture runs the sagittal (interparietal) upward in the median plane, and the lambdoidal (parietooccipital) inferolaterally to the blunt postero-inferior angles of the parietal bones where it bifurcates.
4. On each side are two inconstant foramina for emissary veins and meningeal arteries: parietal and mastoid foramina.
5. Midway between lambda and foramen magnum is the external occipital protuberance or inion. From it the superior nuchal line curves laterally and crosses the lateral aspect of the mastoid, dividing it into a smooth upper and a rough lower part.
6. The surface below the superior nuchal line is the nuchal.