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Released under the John F. Kennedy  
Assassination Records Collection Act of  
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68261 Date: 09-01-2022



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
BALTIMORE, MARYLAND 21235

REFER TO:  
IPO-4-5-1

JUL 28 1978

010313

Ms. Jackie Hess  
Select Committee on Assassinations  
U.S. House of Representatives  
3331 House Office Building, Annex 2  
Washington, D.C. 20515

Dear Ms. Hess:

This is in response to Mr. Blakey's May 15, 1978, request for access to all files and documents concerning or referring to Lee Harvey Oswald and Marina Oswald. The following documents are enclosed:

1. Form SS-5, Application for Social Security Account Number, completed by Lee Harvey Oswald.
2. Form SS-5, Application for Social Security Account Number, completed by Marina Oswald.
3. Numident showing name changes for Marina Oswald.
4. Form OA-C5, Application for Survivors Insurance Benefits, completed by Marina Oswald.
5. Certificate of Death issued by the City of Dallas for Lee Harvey Oswald.
6. Marriage certificate (and translation) for Lee Harvey Oswald and Marina Nikolaevna Prusakova.
7. Birth certificate (and translation) for Marina Nikolaevna.
8. Birth certificate (and translation) showing child born to Lee Harvey Oswald and Marina Nikolaevna Oswald.
9. OA-C704, Certification of Contents of Document(s) or Record(s), re birth of child to Lee H. Oswald and Marina Nikolaevna Prusakova.


10. Form OA-C654, Certification By Uniformed Services, for Lee Harvey Oswald.
11. Letter dated 7/25/63 from the Department of the Navy to Lee Harvey Oswald.
12. Form DD-214, Armed Forces of the United States Report of Transfer or Discharge, for Lee Harvey Oswald.
13. Undesirable Discharge from the Armed Forces of the United States, issued to Lee Harvey Oswald.
14. Forms OA-C668, Claimant's Report to Social Security Administration, completed by Marina Oswald on 3/27/64 and 5/1/65.
15. Form OA-C669, Claimant's Report About Work to the Social Security Administration, completed by Marina Oswald on 10/8/64.
16. Form SSA-1425, Reporting Card, completed by Marina Porter on 5/4/66.
17. Forms OA-C777, Annual Report of Earnings, completed by Marina Oswald for 1964 and 1965.
18. Form OAC-1001, Statement of Employer, completed by Jaggars-Chiles-Stovall, Inc.
19. Form OAC-1001, Statement of Employer, completed by Texas School Book Depository.
20. Form OAC-1001, Statement of Employer, completed by William B. Reily, Company, Inc.
21. OAC-5002, Report of Contact, re contact with Jaggars-Chiles-Stovall, Inc.
22. OAC-5002, Report of Contact, re earnings under Jaggars-Chiles-Stovall, Inc.
23. Copies of three pages of the Warren Commission Report re employment of Lee Harvey Oswald prior to service in the Marine Corps.
24. Form OA-C790, Request for E/R Action.
25. Memorandum dated 6/3/65, re remarriage of Marina Oswald.
26. Forms SSA-L735 sent to Marina Porter and completed by Mrs. Porter.

27. Forms OA-C107, Determination of Resumption of Award.
28. Forms OA-C528b, Determination of Termination of Entitlement or Suspension of Payments Based on Supporting Evidence on File.
29. Forms OA-C610, Payee, Address Change, or Hold Check Request.
30. Form OA-C526, Benefit Summary.
31. Form OA-C101, Determination of Award.
32. Form OA-C589, receipt for check.
33. Form OA-C596, 1965 Conversion of Benefit Rates.
34. Form AC-512, Appointment of Representative, completed by Marina N. Oswald and James H. Martin.
35. Form OAC-5002, Report of Contact, with James H. Martin.
36. Form OAC-5002, Report of Contact, re Lee Harvey Oswald's death.

The above-mentioned documents are being sent to you in their entirety. We have withheld only the records of wage and self-employment income maintained under the direction of 42 U.S.C. 405(c)(2). This record is created on the basis of tax return information received from the Internal Revenue Service. Under 26 U.S.C. 6103, this information is given to the Social Security Administration for the administration of the Social Security Act and redisclosure is prohibited. You may request this information directly from the Internal Revenue Service.

I understand that the Dallas Region has already sent you the local folder on Lee Harvey Oswald. We are also checking with the National Archives to determine if it may have further social security records on Lee Harvey Oswald or Marina Oswald. To date, we have found no records under the aliases you provided. We will contact you if further documents are located.

Sincerely yours,

  
Robert P. Bynum  
Associate Commissioner  
for Program Operations

Enclosures

**APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER**  
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

433-54-3937

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. **PRINT** IN BLACK OR DARK BLUE **INK** OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED		FIRST NAME <b>LEE</b>	MIDDLE NAME. (IF YOU HAVE A MIDDLE NAME OR INITIAL, DRAW A LINE —) <b>HARVEY</b>	LAST NAME <b>OSWALD</b>
2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE) <b>126 Exchange St. N.O., LA.</b>			3 PRINT FULL NAME GIVEN YOU AT BIRTH <b>LEE HARVEY OSWALD</b>	
4 AGE ON LAST BIRTHDAY <b>15</b>	5 DATE OF BIRTH (MONTH) (DAY) (YEAR) <b>OCT. 18 1939</b>	6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) <b>NEW ORLEANS LA.</b>		
7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD <b>ROBERT LEE OSWALD</b>		8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD <b>MARGARET CLEVERLY</b>		
9 (MARK (X) WHICH) SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR WHITE NEGRO OTHER RACE: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DONT KNOW <input type="checkbox"/> STATE _____ DATE _____		
BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"				
12 EMPLOYER'S ADDRESS (No. AND STREET) (CITY) (ZONE) (STATE) <b>126 Exchange St. N.O., LA.</b>				
13 TODAY'S DATE <b>10/16/55</b>		14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) <b>Lee H. Oswald</b>		

DO NOT WRITE IN THIS SPACE

1. *Имя (Name)*  
 2. *Фамилия (Surname)*  
 3. *Пол (Sex)*  
 4. *Дата рождения (Date of Birth)*  
 5. *Место рождения (Place of Birth)*  
 6. *Гражданство (Citizenship)*  
 7. *Паспорт (Passport)*  
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FORM 1 APPL/CYCLE 08 64 ENTRY 0 REF# 65163940518

NAME LINE MARINA NICHOLAEVNA OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE S SEX 2 RACE 1

MOTHER CLAUDIA V PROOSAKOVA FATHER NICHOLAI UNKNOWN  
BIRTHPLACE ARCHANGEL UR\*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 1 OF 3

DO IRS FORM 2 APPL/CYCLE 121175 ENTRY 2 REF# 75165960637

NAME LINE MARINA NIKOLAEVNA PORTER 636  
2ND NAME MARINA NIKOLAEVNA OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE S SEX 2 RACE 0

MOTHER KLAVDIA PROOSAKOVA FATHER ALEXANDR MEDVEDEV  
BIRTHPLACE ARCHANGEL UR\*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 2 OF 3

DO COO FORM 8 APPL/CYCLE 011976 ENTRY 2 REF# 76010006538

NAME LINE M N PORTER 636  
2ND NAME MARINA NIC OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE D SEX 2 RACE 0

**DALLAS, TEXAS**

JAN 9 1964

**APPLICATION FOR SURVIVORS INSURANCE BENEFITS \***

(Do not write in this space)

Dallas DO JAN 9  
 Received  
 JEL

All items on this form requiring an answer must be answered or marked "Unknown."  
 NOTICE.—Whoever (a) makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of any benefit, or in determining an individual's disability, under Title II of the Social Security Act, or (b) who, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

Lee Harvey Oswald 433-54-3937  
(Name of deceased wage earner or self-employed person) (Social security account number)

I Marina N. Oswald, hereby apply for all insurance benefits payable to me under Title II of the Social Security Act, as amended, and to the children listed in item 14 below.

1. When was the deceased born? Month 10 Day 19 Year 39
2. In what State or foreign country did the deceased have his fixed, permanent home when he died? Louisiana
3. (a) Did the deceased ever serve in military or naval service of the United States?  Yes  No  
 If "Yes," answer (b).  
 (b) Was the deceased in active service after September 7, 1939, and before January 1, 1957?  Yes  No  
 If "Yes," answer (c) and (d).  
 (c) Give dates of service during the period specified in (b) above 10/24/56 - 9/11/59  
 (d) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased?  Yes  No  
 If "Yes," name such person(s) \_\_\_\_\_  
 List all such agencies \_\_\_\_\_

4. Did the deceased work in the railroad industry at any time on or after January 1, 1937?  Yes  No
5. Give the names and addresses of the deceased's employers during the 12 months before his death; if the deceased worked in agricultural employment, give this information for the year of death and the year before. (If self-employed, write "Self-employed.")

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED	
	Month	Year	Month	Year
<u>Wagers-Chiles Stovall, 522 Broad, Dallas</u>	<u>10</u>	<u>62</u>	<u>4</u>	<u>63</u>
<u>Am. B. Realty Co. Inc, 640 Magazine, New Orleans, La</u>	<u>5</u>	<u>63</u>	<u>7</u>	<u>63</u>

6. If the deceased was self-employed last year or the year before, give:  
 Year \_\_\_\_\_ Kind of Trade or Business \_\_\_\_\_ Amount of Net Earnings \_\_\_\_\_  
 Less than \$400  \$400 or more  
 Less than \$400  \$400 or more

7. About how much did the deceased earn from employment and self-employment during the year in which he died? \$ 2600.00

8. Give the following information about each marriage of the deceased, including his marriage to you.

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place
<u>4/30/61</u>	<u>Madk, Pselo</u>	<u>Russia</u>	<u>Marina N. Prossakova</u>	<u>His death</u>	<u>11/24/63</u>	<u>Dallas, Tex</u>

9. What was your maiden name? Marina Nikolaevna Prossakova  
 10. When and where were you born? 7/17/41 Severo Dvinsk, Russia  
(Month, day, and year) (State or foreign country)

\* This may also be considered an application for survivors benefits under Section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 USC., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).



11. Indicate by (✓) whether your marriage to the deceased was performed by:

Clergyman or authorized public official  or Other  (Explain)

12. Were you married before your marriage to the deceased?  Yes  No

If "Yes," give the following information about each of your previous marriages.

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place

13. (a) Were you and the deceased living together at the same address when the deceased died?  Yes  No

(b) If either you or the deceased was away from home (whether or not temporarily) when the deceased died, give the following: which of you was away; date last home; reason absence began; reason you were apart at time of death; if hospitalized, name of hospital and nature of confinement.

*He was last at home 11/22/63 when he left to go to work. He were not separated by marital difficulties; he was in police custody until his death.*

14. Was the deceased survived by any unmarried children (including stepchildren, adopted, and illegitimate children): (a) who were under 18 years of age when he died; or (b) who were 18 years of age or older, with a disability that began before age 18?  Yes  No

If your answer is "No," leave out the next questions and continue with question 21.

If your answer to question 14 is "Yes," give the following information about each such child.

(If uncertain as to name, date of birth, or whereabouts of any of these children, explain under "Remarks" on last page.)

Show relationship to you and the deceased by placing (✓) in the proper column.

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO DECEASED				RELATIONSHIP TO YOU	
	Month	Day	Year	Legitimate	Adopted	Stepchild	Illegitimate	Natural or Adopted	Stepchild
<i>June Lee Oswald</i>	<i>2</i>	<i>15</i>	<i>62</i>	<i>X</i>				<i>X</i>	
<i>Audrey Marina Rachel Oswald</i>	<i>10</i>	<i>20</i>	<i>63</i>	<i>X</i>				<i>X</i>	

(If you are not filing this application on behalf of any child listed above, give under "Remarks" on last page the name of each such child and the reason(s) for not filing. If a child of the deceased is born after this application is filed, notify your office of the Social Security Administration promptly, as such child may receive benefits.)

15. Has any child listed in item 14 ever been adopted by anyone other than the deceased?  Yes  No

If "Yes," give the name of child, by whom adopted, and when

16. (a) Were all the children listed in item 14 living with the deceased at time of death?  Yes  No

If "No," and the deceased was the FATHER or ADOPTING FATHER who died before September 1960, answer (b).

(b) Which of the children listed in item 14 were living with their STEPFATHER when the deceased died?

17. Are all the children listed in item 14 now living with you?  Yes  No

If "No," give the following information about each child not living with you now.

FULL NAME OF CHILD NOT LIVING WITH YOU	PERSON WITH WHOM CHILD NOW LIVES	
	Name and Address	Relationship to Child

18. Has a child listed in item 14 lived with you in every month since your husband's death?  Yes  No

If "No," list the months in which no such child lived with you

PLEASE DO NOT WRITE IN MARGIN

19. Do you understand that all payments made to you on behalf of a child must be spent or saved for his use and benefit, and do you agree to so apply the benefits?  Yes  No
20. Do you agree to notify the Social Security Administration promptly when you no longer have responsibility for the welfare and care of any child for whom you are filing this application?  Yes  No

21. Have you or any children listed in item 14 married since the death of the deceased?  Yes  No  
 If "Yes," give name of person who married and date of marriage.....

22. Have you or any children listed in item 14 ever had a social security account number?  Yes  No  
 If "Yes," give the following information for each person having a number.

NAME OF PERSON AS SHOWN ON SOCIAL SECURITY CARD	SOCIAL SECURITY ACCOUNT NUMBER

23. Have you or any children listed in item 14 ever filed an application for social security benefits before?  Yes  No  
 If "Yes," give the name and account number of the person on whose earnings record such previous claim was based.

(Name of wage-earner or self-employed person) (Social security account number)

Answer questions 24 and 25 only if you are within 3 months of age 62 or older.

24. Were you in the active military or naval service of the United States after September 7, 1939, and before January 1, 1957?  Yes  No
25. Did you work in the railroad industry at any time on or after January 1, 1937?  Yes  No

Deductions are made from the benefits (other than disability benefits) of any person under age 72 who earns more than \$100 a month in employment or renders substantial services in self-employment, and has earnings in excess of \$1,200 for the taxable year.\* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

26. (a) Are you or any of the children for whom you are filing now earning more than \$100 a month in employment or rendering substantial services in self-employment?  Yes  No  
 If "Yes," give the name of each such person.....
- (b) Do you expect your total earnings or the total earnings of any child for whom you are filing to exceed \$1,200 this year (count all earnings beginning with the first month of this year)?  Yes  No  
 If "Yes," give the name of each such person and the amount of his expected earnings. If "No," continue with question 27.

PERSON	EXPECTED EARNINGS
	\$
	\$

(c) Did every person listed in (b) earn more than \$100 a month in employment or render substantial service in self-employment in all months of this year (counting the present month)?  Yes  No

If "No," give the name of each person and the months of this year in which the person did not earn more than \$100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None."

PERSON	MONTHS

\* The yearly period referred to in this and subsequent items is the same 12-month period used in figuring income taxes. If you or any of the children use a fiscal year (one that does not end on December 31), enter here the name of such person and the month the fiscal year ends.....

PLEASE DO NOT WRITE IN MARGIN

Answer item 27 only if the deceased died before this year.

27. Did you or any child for whom you are filing earn more than \$1,200 last year?  Yes  No

If "Yes," give the name of each such person, show his total earnings, and list the months of last year in which the person did not earn \$100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None." (Do not list any month before the month the deceased died.)

PERSON	EARNINGS	MONTHS
	\$	
	\$	

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you, while under age 72 at least one full month of that year, or any child for whom you are filing, earned more than \$1,200. Also, your benefit is not payable for any month you do not have in your care a child of the deceased entitled to a child's benefit unless you are receiving benefits because you are a widow age 62 or over.

FAILURE TO REPORT THESE EVENTS MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.

28. Do you agree to file the annual report of earnings when required?  Yes  No

29. Do you agree to notify the Social Security Administration promptly if you do not have an entitled child of the deceased in your care?  Yes  No

A widow's entitlement to benefits ends with the month before the month in which: (a) she remarries, with certain exceptions (however, all marriages must be reported); or (b) she is under age 62 and no child of the deceased is entitled to child's insurance benefits.

A child's entitlement to benefits ends with the month before the month in which the child: (a) attains age 18 (unless the child has a physical or mental impairment which began before age 18, is expected to be long-lasting, and prevents any substantial gainful activity); (b) dies; (c) marries, with certain exceptions where the child is disabled (however, all marriages must be reported); or (d) is legally adopted (unless the adoption is by the child's stepparent, grandparent, aunt, or uncle after the death of the parent on whose record the child's claim is based).

If the child is age 18 or over and is receiving benefits as a disabled child, his entitlement to benefits also ends with the second month after the month in which his disability ceases.

30. Do you agree to notify the Social Security Administration promptly if any of these events occur and to return promptly any check for benefits received by you if you or any of the children are not entitled to it?  Yes  No

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

3. *Deer School Book Depository 411 Elm, Dallas Tex 10/63-11/63*

PLEASE DO NOT WRITE IN MARGIN

Knowing that anyone making a false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Street and number)  
 \_\_\_\_\_ (City) (Zone number) (State)

2. \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Street and number)  
 \_\_\_\_\_ (City) (Zone number) (State)

Signature of applicant (Write in ink):

Sign Here *M* Marina N. Oswald  
 (First name) (Middle initial) (Last name)

PO Box 1407  
 (Street and number)

Grand Prairie Tex 75050  
 (City) (Zone number) (State)

Telephone number at which I can be reached:  
DA 7-6569 DA 7-0188  
 (If none, write "None.")

Date: X  
 (Month) (Day) (Year)

030

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>			
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		c. LENGTH OF STAY in l. b. <b>13 Mo.</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Parkland Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1026 N. Beckley</b>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First <b>Lee</b> (b) Middle <b>Harvey</b> (c) Last <b>Oswald</b>			4. DATE OF DEATH <b>November 24, 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>October 19, 1939</b>	9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing, Book, Metal</b>		11. BIRTHPLACE (State or foreign country) <b>New Orleans, La</b>	
13. FATHER'S NAME <b>Robert Edward Lee Oswald</b>			14. MOTHER'S MAIDEN NAME <b>Margeruite Claverie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>433-54-3937</b>		17. INFORMANT <b>Robert L Oswald</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: <b>Hemorrhage, secondary to a gun shot wound of the chest.</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <b>Approx 45 minutes</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) <b>Deceased shot at close range while officers were in process of transferring him from city to county jail.</b>				
20c. TIME OF INJURY Hour <b>11:25</b> a.m. Month <b>11</b> Day <b>24</b> Year <b>63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>City Hall</b>	20f. CITY, TOWN, OR LOCATION <b>Dallas</b>	COUNTY <b>Dallas</b>	STATE <b>Texas</b>
21. I hereby certify that I attended the deceased from <b>field request</b> on <b>11-24-63</b> and last <b>seen</b> on <b>11-24-63</b> at <b>12:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Pearl McBride J.P.</b>		22b. ADDRESS <b>310 Court House</b>		22c. DATE SIGNED <b>12-5-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>November 25, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Burial Park</b>		
23d. LOCATION (City, town, or county) <b>Fort Worth</b>		(State) <b>Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home, Ft Worth, Texas</b>		
25a. REGISTRAR'S FILE NO. <b>6717</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC 6 1963</b>		25c. REGISTRAR'S SIGNATURE BY <b>J.W. Baca</b> ACTING REGISTRAR	

DALLAS, TEXAS Jan. 2, 1964

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF DEATH CERTIFICATE OF ONE Lee Harvey Oswald AS IS RECORDED IN THIS OFFICE IN THE CITY OF DALLAS, COUNTY OF DALLAS, STATE OF TEXAS.

BY J.W. Baca  
ACTING REGISTRAR - VITAL STATISTICS  
DALLAS, TEXAS

TRANSLATION

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

2. LANGUAGE OF DOCUMENT:

Russian

TRANSLATING OFFICE

Social Security Administration

3. PERSON(S) FOR WHOM PROOF SUBMITTED:  
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Marriage Certificate

2. DATE EVENT RECORDED, IF SHOWN:

4/30/61

3. DATE DOCUMENT ISSUED:

4/30/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:

Bureau Manager (Chief)

5. NAME OF ISSUING AGENCY:

Bureau of Registration of Citizens Statistics, Murok, Dist. Jorin

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?  YES  NO

7. Is Foreign Service post verification stamp shown on document?  YES  NO

8. Describe and explain any irregularities in document:

9. The document, which is in the \_\_\_\_\_ language, contains the following pertinent information:

Citizen: Oswald, Lee Harvey, born 10/18/39 in New Orleans

and

Citizen: Puzanova, Marina Nikolaevna, born July 17, 1941 in Melotovsk, Dist. Arkhangelsk

were married on April 30, 1961

Reg. No. 415 Cert. No. 332281

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Kotishan

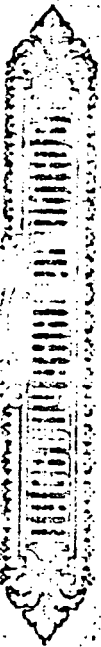
TITLE

Auth V-1

DATE

1/23/64

Marriage Certificate



СВИДЕТЕЛЬСТВО О БРАКЕ

Гражданство *Осетрия*  
(происхождение)

Гражданин *Ии Картев*  
(имя и фамилия)

*1939* года рождения  
(год рождения)

*с. Ор. Нохим Оросан*  
(место рождения)

Гражданка *Дураева*  
(имя и фамилия)

*Иванова*  
(имя и фамилия)

*1941* года рождения  
(год рождения)

*с. Ор. Нохим Оросан*  
(место рождения)

Уступил у шлюб *Зоран*  
(имя и фамилия)

исполнил и брак *Иванова*  
(имя и фамилия)

*Иванова*  
(имя и фамилия)

аб ным у кнйге запису актау грамалянсага стану  
аб шлюб  
о чим в кнйге записей актов гражданского состояния  
у браке

19 *31* года *август* месяца *59* числа  
г. *Ор. Нохим Оросан*

зроблен *Ии Картев* за  
прим. *Дураева* соответствующая запись за № *109*

Наст. *Иванова* шлюб пригласены приобщены  
Пор. *Иванова* брашн а приобщены фамилии:

*Иванова*  
*Иванова*  
*Иванова*

Месца *август* год *1939* *Иванова*  
Мест. *Ор. Нохим Оросан*

*Иванова*  
*Иванова*  
*Иванова*

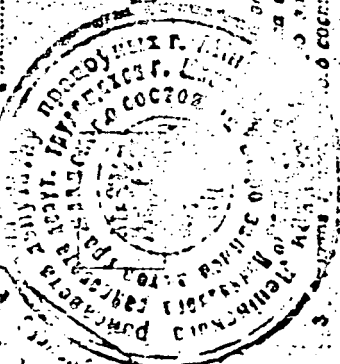
*1941* года рождения *Иванова*  
г. *Ор. Нохим Оросан*

*Иванова*  
*Иванова*  
*Иванова*

Уступил у шлюб *Зоран*  
(имя и фамилия)

исполнил и брак *Иванова*  
(имя и фамилия)

*Иванова*  
(имя и фамилия)



№ 332281

*Иванова*

The original document, of which this is a photocopy, appears to be genuine and unaltered and to have been made at the time purported.

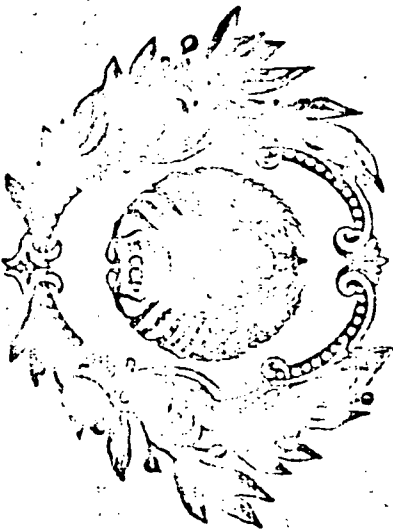
Signature \_\_\_\_\_

Date \_\_\_\_\_

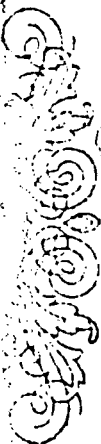
Title \_\_\_\_\_

*This is a true copy of a document held by the British Intelligence Service and forwarded by the original document by the F.B.I. to the Director of the FBI. The document is held by the FBI. The document is held by the FBI.*

Photocopy of  
Form 1059



БЕЛОРУССКАЯ КОММУНИСТИЧЕСКАЯ ПАРТИЯ



ЦЕНТРАЛЬНЫЙ КОМИТЕТ К. П. С. С. С. Р.



**TRANSLATION**

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

TRANSLATING OFFICE

Social Security Administration

**A. REQUEST FOR ASSISTANCE**

(Complete only if document is sent to another office for translation.)

1. DATE:

1/23/64

2. LANGUAGE OF DOCUMENT:

RUSSIAN

3. PERSON(S) FOR WHOM PROOF SUBMITTED:  
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

**B. TRANSLATION**

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Birth Certificate

2. DATE EVENT RECORDED, IF SHOWN:

8/14/41

3. DATE DOCUMENT ISSUED:

7/14/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:

5. NAME OF ISSUING AGENCY:

Illegible\*

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?  YES  NO

7. Is Foreign Service post verification stamp shown on document?  YES  NO

8. Describe and explain any irregularities in document:

9. The document, which is in the \_\_\_\_\_ language, contains the following pertinent information:

Name: Prysanova, Marina Nikolaeovna was born (No. illegible) 17, 1941 (month appears to be July or June)

Place of Birth: (City Illegible), District Arkhangelsk, RSFSR

Father: (Illegible)

Mother: ( " )

Reg. No. 1285

Cert No. (Illegible)

REQUESTING OFFICE:

\* Document shows official Soviet ZACS bureau stamp.

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

Geo. Potishkin  
Cl Auth In

DATE

1/23/64



1935

11/11/35  
Mama's  
Birth Certificate

Mr. Murphy  
2 for  
main

POI  
Carri  
so

Maria Zambrano

City

MICT

P

Peny

O cen

O port

14

1935

НАЦИОНАЛЬНОСТЬ



1935

