

157-10673-1A34



2025 RELEASE UNDER E.O. 14176

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157-10673-1A³⁴



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757-10673-1A 34



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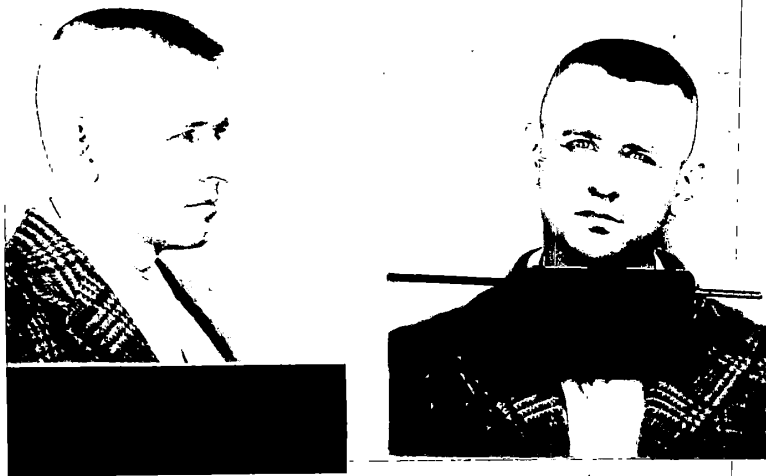
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159-10673-1A³⁴



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File No. 157-10673-1A³⁵

Date Received 4/19/68

From Joseph Goward
(NAME OF CONTRIBUTOR)

2221 BROADWAY ST.
(ADDRESS OF CONTRIBUTOR)

STAFF NEW YORK
5TH CIRCUIT COURT OF APPEALS
(CITY AND STATE)

By SA James D. Hill
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes
☒ No

Receipt given ☐ Yes
☒ No

Description:

Photographs of
Continental Dance
Studio Party



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- ① Miss "CAVALIER" ①
② Bourgeois (FNU) "ARKIE"
③ Gowen
④ "Jackie"
witness of GOVERNOR'S
MURDER

157-10673-1A³⁵



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(2)

1 (FNU) HART
Fred Astaire's Studio
in Chicago

2 "Jackie" Couville

(3) Cavalien

157-10673-1A 35-

File No. 157-10673-1A³⁷
Date Received 4/16/68
From Carl C. P. Eaves
(NAME OF CONTRIBUTOR)
Peter H. Way
(ADDRESS OF CONTRIBUTOR)
Newham Springs La.
(CITY AND STATE)
By Weyle
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes
☒ No

Receipt given ☐ Yes
☒ No

Description:

Interview Log

Person Interviewed: Carl Currie Swice, Ennes

By: SAs William Doyle, Richard L. Hizer

At: Denham Springs La.

on: 4/16/68

Interview Began: 3⁵⁴ pm

Subject read waiver of rights + stated did not
wish to sign, but understood.

Interview concluded: 4⁵⁵ pm

File No.

157 - 10673 - 1A38

Date Received

4/16/68

From

Carl E. P. Evans

(NAME OF CONTRIBUTOR)

Peters Hwy, Dunbar Springs

(ADDRESS OF CONTRIBUTOR)

La.

(CITY AND STATE)

By

Dayle

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Dunbar

INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTSPlace Newark Springs La.Date 4/16/68Time 3:55 pm

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Did not desire to sign
Signed _____

Witness: William P. Davis Special Agent FBIWitness: Richard J. Allen Special Agent FBITime: 3:55 pm

File No. 157-10673-1A³⁹Date Received 4-19-68From Mary Murphy
(NAME OF CONTRIBUTOR)623 Royal St
(ADDRESS OF CONTRIBUTOR)No. La
(CITY AND STATE)By D. H. Hughes
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Piece of paper bearing
signature of
Scott Nordal

Sent to Lab 4-22-68
D/H rec'd 4-30-68
H

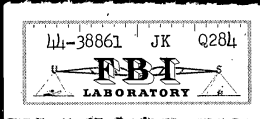
6th mo
E.D.

40 E.D.

365

Scott Nordal

~~5/14~~
157-10673
4-19-68



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2025 RELEASE UNDER E.O. 14176

File No.

157-10673-1A40

Date Received

4-22-68

From

Paul Gros

(NAME OF CONTRIBUTOR)

Court of Two Sisters

(ADDRESS OF CONTRIBUTOR)

NO Pa

(CITY AND STATE)

By

PJ Hughes

(NAME OF SPECIAL AGENT)

To Be Returned

☒ Yes☐ No

Receipt given

☒ Yes☐ No

Description:

Employment application from
Scott Nardal

Sent to Lab. 4-22-68

Dls

recd 4-30/68

THE COURT OF TWO SISTERS

APPLICATION FOR EMPLOYMENT

(PLEASE ANSWER ALL QUESTIONS)

DATE <u>3-24-68</u>	SOCIAL SECURITY NUMBER [REDACTED]	TELEPHONE NUMBER [REDACTED]
NAME (LAST-FIRST-MIDDLE) <u>Nordal Scott</u>		
PRESENT ADDRESS <u>509 ST. Louis</u>	CITY <u>NEW ORLEANS</u>	STATE <u>LA.</u>

GENERAL INFORMATION

Single <input checked="" type="checkbox"/> Own home <input checked="" type="checkbox"/> Date of birth <u>[REDACTED]</u>	Have you received a notice to report for duty in the Armed Services yes <input type="checkbox"/> no <input type="checkbox"/> Are you a veteran yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Honorable discharge yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Married <input type="checkbox"/> Rent <input type="checkbox"/>	
Widowed <input type="checkbox"/> Board <input type="checkbox"/> Number of children <u>2</u>	
Divorced <input checked="" type="checkbox"/> Live with parents <input type="checkbox"/> Ages of children <u>[REDACTED]</u>	
Separated <input type="checkbox"/> Live with relatives <input type="checkbox"/> Other dependents <u>[REDACTED]</u>	
Have you ever been bonded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> For what company? <u>[REDACTED]</u> Bond ever refused? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If related to anyone in this organization, give name <u>[REDACTED]</u> Referred by <u>[REDACTED]</u>	

PHYSICAL RECORD

Age 32 Male ☒ Female ☐ Height 5 ft. 11 in. Weight 165 lbs.
 Have you been hospitalized in the last five years? Yes ☒ No ☐ If yes, explain Self-hospitalized at Kroe
 Do you have any? Heart Trouble ☐ Diabetes ☐ Back Trouble ☐ Epilepsy ☐ Rupture ☐ Dermatitis ☐
 Your doctor's name and address [REDACTED]
 Have you ever lost time from work because of an accident? Yes ☐ No ☒
 Have you ever collected Workmens Compensation benefits? Yes ☐ No ☒
 Have you any physical defects of: Vision ☐ Hearing ☐ Speech ☐ Arms ☐ Legs ☐ Feet ☐ Other [REDACTED]
 Are you willing to take a physical examination at our expense? Yes ☒ No ☐

EDUCATION

SCHOOLING	NAME AND LOCATION OF SCHOOL	FROM YEAR	TO YEAR	GRADUATE	
				YES	NO
GRAMMAR SCHOOL	<u>Lincoln Grammar Sch.</u>	<u>1947</u>	<u>1950</u>		
HIGH SCHOOL	<u>Edmund A. School</u>	<u>1950</u>	<u>1954</u>	<input checked="" type="checkbox"/>	
	<u>Edmund A. School, Calif.</u>				
COLLEGE OR UNIVERSITY	<u>U.S. L. H.</u>	<u>1958</u>	<u>1966</u>	<input checked="" type="checkbox"/>	
TRADE, BUSINESS CORRESPONDENCE OR OTHER TRAINING	<u>Los Angeles, Calif.</u>				

CHECK MACHINES YOU ARE QUALIFIED TO OPERATE:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Food chopper/grinder (elec) | <input type="checkbox"/> Dishwashing machine | <input type="checkbox"/> Deep fat fryer | <input type="checkbox"/> Rotisserie |
| <input type="checkbox"/> Meat slicer (elec) | <input type="checkbox"/> Pot/Pan washer (mech) | <input type="checkbox"/> Broiler and grill | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Meat saw (elec) | <input type="checkbox"/> Range | <input type="checkbox"/> Griddle | <input type="checkbox"/> Cash Register |
| <input type="checkbox"/> Vegetable peeler (mech) | <input type="checkbox"/> Convection oven | <input type="checkbox"/> Microwave oven | <input type="checkbox"/> Calculating machines |
| <input type="checkbox"/> Food mixer (vertical) | <input type="checkbox"/> Steam pressure cooker | <input type="checkbox"/> Rotary oven | <input type="checkbox"/> Duplicator |
| <input type="checkbox"/> Food mixer (dough) | | | <input type="checkbox"/> Floor waxer-polisher |

VEHICLE OPERATION

Check the types of vehicles you are qualified, through experience, to operate:

Passenger car ☒ Light truck ☐ Heavy truck or tractor ☐ Other [REDACTED]
 Driver's license No. E-2347321 State California Will expire 1970 JAN 5
 Do you own an automobile? Yes ☐ No ☒ If yes, give make and year [REDACTED]
 Do you have auto insurance? Yes ☐ No ☒ Has it ever been cancelled or renewal refused? Yes ☐ No ☐
 Have you been involved in ANY vehicle accidents within the past 3 years? Yes ☐ No ☒
 How many traffic tickets for MOVING violations within the past 3 years? NONE
 Has your driver's license EVER been suspended or revoked? Yes ☐ No ☒
 Do you have any Safety Awards for "no accident" driving? Yes ☐ No ☒

(Continued on Reverse Side)

FORMER EMPLOYERS

(LIST BELOW LAST SIX EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	SALARY	POSITION	REASON FOR LEAVING
FROM OCT 1964 TO FEB 1965	Cave Restaurant San Gabriel Calif.			Waiter	working Temp. while attending school
JAN 1962 MAR 1963	Cave Restaurant San Gabriel Calif.			Waiter	Same as above
3.					
4.					
5.					
6.					

EMPLOYMENT DESIRED

POSITION <i>waiter</i>	DATE YOU CAN START <i>Immediate</i>	SALARY DESIRED <i>OPEN</i>
EVER APPLIED TO THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	WHERE	WHEN
ARE YOU EMPLOYED NOW? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	WHERE	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>

IN CASE OF EMERGENCY NOTIFY - NAME <i>MRS ELLA WARD</i>	ADDRESS <i>5607 Pine - Los Angeles Calif.</i>	PHONE NO.
--	--	-----------

- I authorize investigation of all statements contained in this application.
- I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries.
- I have read these statements and answers to these inquiries. Yes ☒ No ☐

DATE *3-24-68* SIGNATURE *Scott Ward*

(DO NOT WRITE BELOW THIS LINE)

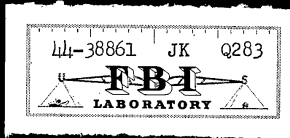
EMPLOYERS
1.
2.
3.
4.
5.
6.

INTERVIEWED BY: *(Signature)* DATE *3/24/68*

REMARKS: *Very intelligent - working thru school - available only until June 29, 1968*

APPEARANCE	CHARACTER
PERSONALITY	ABILITY
HIRED <input checked="" type="checkbox"/>	DEPARTMENT <i>PATIO</i>
POSITION	WILL REPORT
	SALARY <i>50</i>

*W4176R
T RANSE*



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