

NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

Monument with Sculpture without Sculpture with Cannon standalone Cannon
 Historical Marker Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:
Burnside Post GAR

Original Dedication Date 30 May 1887 Please consult any/all newspaper archives for a local paper's article that would have information on the first dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

The Memorial is currently located at:

Street/Road address or site location Tombstone Cemetery
445 West ALlen St GPS Coordinates N31°43' 3.070" W110°4' 45.0700
City/Village &/or Township Tombstone
County Cochise State Arizona Zip Code 85638

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name Unknown - Possibly Sons of Union Veterans
Dept./Div. _____
Street Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Telephone () _____ ext _____

Is Memorial on the National Register of Historic Places Yes No ID # if known _____

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other
If known, name specific material (color of granite, marble, etc.) Granite

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid? _____
If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

Material of Cannon = _____ Bronze _____ Iron Type of Cannon (if known) _____

Rifled ____ YES ____ NO

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? ____ Yes ____ No

[For camp/department monuments officer's use: Cannon on list of known ordnance] ____ Yes ____ No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial

Materials of the Memorial

Complete for All Memorials

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points

5 ft _____ Height 24 ft _____ Width 24 ft _____ Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)

Maker or Fabricator mark / name? If so, give name & location found

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

Dedicated May 30, 1887 In Memory of the Comrades of Burnside Post G.A.R.
--

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

Cemetery Park Plaza/Courtyard "Town Square" Post Office
 School Municipal Building State Capitol Courthouse College Campus
 Traffic Circle Library Other: _____

General Vicinity

Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial Street/Roadside within 20 feet Tree Covered (overhanging branches)
 Protected from the elements (canopy or enclosure, indoors) Protected from the public (fence or other barrier)

Any other significant environmental factor _____

[To detail the condition of a monument used the addendum form for *Monument's Condition*]

Supplemental Background Information

In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Thank you.

Inspector Identification _____ Date of On-site Survey 3/20/2018
Your Name Walt Busch
Address 1240 Konert Valley Dr
City Fenton State MO Zip Code 63026
Telephone [REDACTED]

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

US Grant Camp 68 Dept of MO SUVCW

Please send this completed form to:

Walt Busch, PDC, Chair
1240 Konert Valley Dr.



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR – CIVIL WAR MEMORIALS COMMITTEE.

NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

- Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- Do not guess at the information. An answer of, "Unknown," is more helpful.
- Include a photograph of each viewable side and label it with name & direction of view.

- Thank You.

Type of Memorial

Monument *with* Sculpture Monument with Cannon
 Monument *without* Sculpture Historical Marker Plaque

Affiliation

G.A.R. (Post Name & No. Burnside, No. 2) M.O.L.L.U.S.
 W.R.C. (Corps Name & No. _____) Other Allied Order
 SUVCW (Camp Name & No. _____) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: _____

Original Dedication Date MAY 30, 1887 Please consult any/all newspaper archives for a local paper's article that would have information on the *first* dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

The Memorial is *currently* located at:
 Street/Road address or site location Tombstone Cemetery (W. Allen & Earnest)
 City/Village _____ Township _____ County _____

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)...

Name CITY OF TOMBSTONE Dept./Div. _____
 Street Address 383 E. Allen St.
 City TOMBSTONE State AZ Zip Code 85638
 Contact Person NANCY LEWIS SOSA Telephone (520) 457-3304

If the Memorial has been moved, please list former location(s)...

(This memorial has NOT been moved.)

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Undetermined
 If known, name specific material (color of granite, marble, etc.) light gray Granite

Material of the Sculpture = Stone Concrete Metal Undetermined
 If known, name specific material (color of granite, marble, etc.) _____
 If the Sculpture is of metal, is it solid cast or "hollow?" _____

Material of Plaque or Historical Marker / Tablet = COPPER(?)

Material of Cannon = Bronze Iron - Consult known Ordnance Listing to confirm
 Markings on muzzle = _____
 Markings on Left Trunion _____ Right Trunion _____
 Is inert ammunition a part of the Memorial? If so, describe _____

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points
 Monument or Base: Height 6 FT Width 2.5 FT Depth 2 FT or Diameter _____
~~Sculpture:~~ Height 28 IN Width 14 IN Depth _____ or Diameter _____
PLAQUE

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)
 Maker or Fabricator mark / name? If so, give name & location found _____
NONE VISIBLE

The "Dedication Text" is formed: cut into material raised up from material face
OF METAL PLAQUE.

Record the text (indicate any separation if on different sides...) Please use additional sheet if necessary.

(EAST SIDE)	(FONT)	(FONT SIZE)
DEDICATED	ARIAL?	1.25 IN
MAY 30, 1887	ARIAL?	1.00 IN
((GAR BADGE))		
IN MEMORY OF	ARIAL?	1.25 IN
THE COMRADES OF	ARIAL?	1.00 IN
BURNSIDE POST	SHOWBOAT?	1.00 IN
G. A. R.	SHOWBOAT?	1.00 IN

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Cemetery | <input type="checkbox"/> Park | <input type="checkbox"/> Plaza/Courtyard |
| <input type="checkbox"/> "Town Square" | <input type="checkbox"/> Post Office | <input type="checkbox"/> School |
| <input type="checkbox"/> Municipal Building | <input type="checkbox"/> State Capitol | Other: _____ |
| <input type="checkbox"/> Courthouse | <input type="checkbox"/> College Campus | _____ |
| <input type="checkbox"/> Traffic Circle | <input type="checkbox"/> Library | _____ |

General Vicinity

Rural (low population, open land) Suburban (residential, near city)
 Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial
 Street/Roadside within 20 feet Tree Covered (overhanging branches)
 Protected from the elements (canopy or enclosure, indoors)
 Protected from the public (fence or other barrier)
 Any other significant environmental factor Cemetery located in a dry desert climate.

Condition Information

Structural Condition (check as many as may apply)

The following section applies to Monuments with Sculpture, and Monuments without Sculpture - including the base for Monuments with Cannon. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

Sculpture

Base

If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)	___	<u>N/A</u>
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	___	<u>NO</u>
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	___	<u>NO</u>
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	___	<u>NO</u>

Surface Appearance (check as many as may apply)

Sculpture

Base

Black crusting	- .	<u>NO</u>
White crusting	- .	<u>NO</u>
Etched, pitted, or otherwise corroded (on metal)	- .	<u>NO</u>
Metallic staining (run-off from copper, iron, etc.)	- .	<u>NO</u>
Organic growth (moss, algae, lichen or vines)	- .	<u>NO</u>
Chalky or powdery stone	- .	<u>NO</u>
Granular eroding of stone	- .	<u>NO</u>
Spalling of stone (surface splitting off)	- .	<u>NO</u>
Droppings (bird, animal, insect remains)	- .	<u>NO</u>
Other (e.g., spray paint graffiti) - Please describe...	- .	<u>NO</u>

MONUMENT IS IN PRISTINE CONDITION DUE TO DRY CLIMATE AND RURAL SETTING. EVEN PATINA ON METAL PLAQUE.

Does water collect in recessed areas of the Memorial? Yes No Unable to tell

Surface Coating

Does there appear to be a coating? ___ Yes No ___ Unable to determine
 If known, identify type of coating.
 ___ Gilded ___ Painted ___ Varnished ___ Waxed ___ Unable to determine
 Is the coating in good condition? ___ Yes ___ No ___ Unable to determine

Basic Surface Condition Assessment (check one)

In your opinion, what is the general appearance or condition of the Memorial?
 Well maintained ___ Would benefit from treatment ___ In urgent need of treatment ___ Unable to determine

Overall Description

Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on) .
MONUMENT IS IN EXCELLENT CONDITION. NO VISIBLE
DAMAGE, NO GRAFFITI, DOES NOT LEAN, CLEAN
EVEN PATINA TO METAL PLAQUE. MONUMENT
SURROUNDED BY GRAVES OF BURNSIDE POST
MEMBERS AND THEIR FAMILIES.

Supplemental Background Information

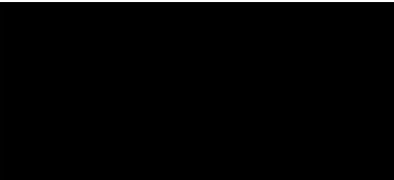
In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Thank you.

Inspector Identification

Date of On-site Survey 23 NOV 2008
 Your Name STEPHEN SIEMSEN
 Address 4647 S EQUESTRIAN DR. City SIERRA VISTA
 State AZ Zip Code 85650 Telephone 

Please send this completed form to:

Kevin P. Tucker, PDC, Chair



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR
 National Civil War Memorials Committee

DEDICATED
MAY 30, 1887.



IN MEMORY OF
THE COMRADES OF
BURNEIDE POST
G. A. R.



DEDICATED
MAY 30, 1887.



IN MEMORY OF
THE COMRADES OF
BURNSIDE POST
G. A. R.







G.A.R. Monument, Tombstone Cemetery, Tombstone, Arizona

This monument faces East at approximately 118 degrees magnetic North. It is 6-feet tall from its base to the point on top. The bottom granite block at the base is 18-inches high and 25-½-inches along its east-west sides and 23-inches along the north-south sides. The obelisk is 20-inches wide where it sits on the base block and narrows slightly as it rises 48-inches to the edge of the taper. The height from the edge of the taper to the point is 6-inches ($18 + 48 + 6 = 72$ inches).

The metal plaque is 14-inches wide and 28-inches tall with a raised inscription. The letters in “DEDICATED” and “IN MEMORY OF” are 1-½-inches high, whereas the rest of the letters are 1-inch high. The plaque may be cast copper and has a nice even patina. The graves of several Burnside Post members surround the monument.



Tombstone AZ GAR Monument GPS N31°43' 3.070" W110°4' 45.0700





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