FORM CWM #61 Page 1

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

Type of Memor	ial (check al	l applicat	ole)			
Monument	_with Sculpture	without	Sculpture _	with <i>Canr</i>	non standalone Ca	non
Historical Market	erPlaque	Other (f	flag pole, G.	A.R. buildings	, stained glass windows, o	etc.)
Affiliation						
	MOLLUS	SUVO	CW.	WRC	ASUVCW	
LGAR	DUVCW	✓ Other	. <u> </u>		,1.00 1 011	
If known, record name ar	nd number of post, ca	amp, corps, aux	kiliary, tent, circ	le or appropriate	information of other groups:	
National Park Service						
	_					
Original Dedication	Date unknown		Please co	onsult any/a ll nev	spaper archives for a local pap	er's article
with full identification of t				acts on the memo	orial. Please submit a copy of yo	our findings
with fair identification of t	ne paper & date or p	ublication. mai	ik you.			
Location						
	urrantly lacated	ot:				
The Memorial is cu						
Street/Road addre	ss or site location		CDS Coo	rdinatas N22°	1/27 9000" \\/90°52'22 600"	
City / Village and O /age To			_ GPS COC	numates <u> N32</u>	1'37.8099" W80°53'33.690"	
City/Village &/or To	ownsnip <u>savannar</u>	l	Ot-1- CA		7:- 0 - 1 - 24440	
County Chatham			_ State GA		Zip Code 31410	
The Count of the Ma		N141-	0 41-	T 4	M4	
The front of the Me	emoriai taces: _	North	South	_ East v	vest	
Carramana ant Dad		ali: .i al a l <i>C</i>				
Government Bod		naiviauai C	wner			
Name National Park Sei						
Dept./Div. Fort Pulask						
Street Address US			<u> </u>		7: 0 1	
City Savannah			_ State GA_		Zip Code 31410	
Contact Person Site	e Manager		_ Telephon	e (⁹¹²) <u> ⁷⁸⁶⁻⁸</u>	ext	
Is Memorial on the	National Regis	ter of Histor	ric Places _	Yes	No I D	
Fort Pulaski is, Marker is no	ot					
For Monuments v	vith/without sc	ulpture:				
Physical Details	vitin Without 60	aiptaioi				
	or base under a So	culpture or Ca	ınnon = S	Stone Concr	ete MetalOther	
					oto Wotai Otrioi	
opooni		g. a				
Material of the Sculptu	reStone	Concrete	Metal	Other Is	it hollow or solid?	
If known, name specifi	c material (color of	granite, marb	ole, etc.)			

FORM CWM #61 Page 2 For Historic Marker or Plaque: Aluminum Frame with Polymer Face with Text Material of Plaque or Historical Marker / Tablet = For Cannons with/without monument: Material of Cannon = ____ Bronze ____ Iron Type of Cannon (if known) ____ Rifled ___YES ____ Markings: Muzzle______ Base Ring/Breech____ Left Trunion Right Trunion Is inert ammunition a part of the Memorial? [For camp/department monuments officer's use: Cannon on list of known ordnance] 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 Width ^{2 ft} ____Depth or ____Diameter 4 ft Height 3 ft 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. Freedom Ahead! See attached photos for rest of text

FORM CWM #61 PAGE 3

(The general vicinity and imm		ng a memorial can play a ma	ijor role in its overa ll condit	tion.)
School	_ Park _ Municipal Building _ Library	Plaza/Courtyard State Capitol Other:		Post Office College Campus
General Vicinity <u>✓</u> Rural (low population,	open land) Su	burban (residential, near	city) Town Ur	ban / Metropolitan
	nercial <u> </u>	apply) eet/Roadside within 20 fe nclosure, indoors) <u></u> Pr		
Any other significant enviro	nmental factor			
 [To detail the	ne condition of a mon	ument used the addendu	m form for <i>Monument's</i>	Condition]
Please label each account listed on this questionnaire Addendums attached to thi Condition form is required Form and Instructions. Thank you.	, plus any previous co s electronic file are th	onservation treatments - one Monument's Condition	or efforts to raise money and the <i>Narrative</i> form	ofor treatment.
Inspector Identification Your Name Walter E Busch Address 1240 Konert Valley	ı	f On-site Survey 07/1	4/2019	
City Fenton	51	State MO	Zip Code 63026	
Telephone		E-Mail		
Are you a member of t		of the G.A.R.? If so,	which one?	
Please send this comp	٧	Valt Busch, PDC, Cha 1240 Konert Valley D Fenton, MO 63026		

Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War - Civil War Memorials Committee.



