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

Type of Memoi				with Common	atandalana Canaa
Monument	with Sculpture	Without So	uipture v	vitn <i>Cannon</i> _	standalone Cannon
✓ Historical Market	erPlaque	Other (flag	j pole, G.A.R.	buildings, stai	ned glass windows, etc.)
Affiliation					
GAR	_ MOLLUS	SUVCW	,	WRC	ASUVCW
LGAR	DUVCW	✓ Other			-
If known, record name a	nd number of post, o	amp, corps, auxilia	ry, tent, circle or a	appropriate inform	nation of other groups:
& Arkansas Civil War Seso	quicentennial Commiss	ion & Town of Etowah			
Original Dedication	n Date 2010	ration ceremony and	_ Please consult	any/all newspape	er archives for a local paper's article Please submit a copy of your findings
with full identification of t				r the memorial.	loade dashiir a dopy of your infamigo
Location					
The Memorial is ca	urrently located	at:			
Street/Road addre	•		metery		
4802 W. Highway 140				ates N35° 41'58.	6000 W90°14'21.77000
City/Village &/or T	ownship Etowah				
County Mississippi			State AR		Zip Code 72428
The front of the Me	emorial faces: _	North \$	South <u> </u> Ea	ast <u></u> West	
Government Bod	• •	Individual Ow	ner		
Name Town of Etowah					
Dept./Div					
Street Address					
City Etowah		S	state AR		Zip Code <u>72428</u>
Contact Person		Т	elephone ()	ext
Is Memorial on the	National Regis	ster of Historic	PlacesY	es <u>√</u> No II	O # if known
For Monuments v	with/without so	culnture:			
Physical Details	With Without St	Jaiptaro.			
Material of Monument	or hase under a S	Sculpture or Canno	on = Stone	Concrete v	Metal Other
If known, name specif					
,		- g. a, mar 510,			
Material of the Sculptu				_Other Is it hol	low or solid?

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For Historic Marker or Plaque:			
Material of Plaque or Historical Marker / Tablet =			
For Cannons with/without monument:			
Material of Cannon = BronzeIron Type of Cannon (if known)	Diffod	YES N	<u> </u>
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]			
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 po			
8 ftHeight _ 3 ftWidth _ 8 inchesDepth or			
For Memorials with multiple Sculptures, please record this information on a separate sheet of paper and attach to this form. Please describe the "pose" of each statue and any weapons/implements in separated from this form). Thank you!	er for each statue		
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 attach legible photographs of all text &/or Record the text in the space below.	ease use the ac	ddendum –	
See Photographs			

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(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 N/A NEED REPAINTING
[To detail the condition of a monument used the addendum form for Monument's Condition]
listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Addendums attached to this electronic file are the <i>Monument's Condition</i> and the <i>Narrative</i> forms. Only the <i>Monument Condition</i> 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 06/09/2018 Your Name Walter E Busch
Address 1240 Konert Valley Dr
City Fenton State MO Zip Code 63026
Are you a member of the Allied Orders of the G.A.R.? If so, which one? MO - US Grant Camp 68 SUVCW
Please send this completed form to: Walt Busch, PDC, Chair 1240 Konert Valley Dr. Fenton, MO 63026

Thank you for your help, and attention to detail.

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







