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

Type of Mem						
Monument _	with Sculptu	re <u> </u>	out Sculpture	with Canr	non standalone	Cannon
Historical Ma	rker <u><</u> Plaque	e Other	· (flag pole, G./	A.R. buildings	, stained glass windo	ws, etc.)
Affiliation						
GAR	MOLLUS	_ 🖌 _ SU	VCW	WRC	ASUVCW	
GAR LGAR	DUVCW	Oth	ner			
If known, record nam McKinley Camp 21, SU		t, camp, corps, a	auxiliary, tent, circ	le or appropriate	information of other group	os:
Original Dedicat that would have inform with full identification	ion Date 2011 mation on the <i>first</i> der of the paper & date o	dication ceremo f publication. Tl	Please co ony and/or other fa hank you.	onsult any/a ll new lots on the memo	rspaper archives for a loca rial. Please submit a copy	al paper's article / of your findings
Location						
The Memorial is	<i>currently</i> locate	ed at:				
Street/Road add	•		k NW Corner of S Br	oad St & E Main S	t	
					12' 51.1900" W82°36' 7.8800	0"
City/Village &/or	- Township Lanca:	ster				
County Fairfield			State MO		Zip Code 43	130
The front of the	Memorial faces:	North	South	_East 🖌 V	Vest	
Government Be Name Fairfield Cour		r Individua	I Owner			
Dept./Div.						
Street Address	407 E Main St					
City Lancaster			State OH		Zip Code 43130	
City Lancaster Contact Person	UNK		Telephon	e (740) <u>681-72</u>	ext	
	the National Reç	gister of His	toric Places _	_YesI	No ID # if known	
	l s ent or base under a	Sculpture or		itone Concre	ete MetalOth	er
If known, name spe	ecific material (color	r of granite, m	arble, etc.)			

Material of the Sculpture _____Stone____ Concrete ____ Metal ____Other Is it hollow or solid? ______If known, name specific material (color of granite, marble, etc.) _____

>This form may be photocopied.<

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For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = <u>Granite Block with Bronze/Zinc Plaque Attached</u>

For Cannons with/without monument:

Material of	Cannon = Bronz	e Iron	Type of	Cannon (if known)			
				、 <i>,</i>	Rifled	YES	NO
Markings:	Muzzle			Base Ring/Breech			
Left Trunio	n			Right Trunion			
ls inert am	munition a part of the M	emorial?	Yes	No			
[For camp/	department monuments	officer's use	e: Cannon (on list of known ordnance] _	Yes	_No	
For Othe	er Memorials: (flag p	ole, G.A.R.	buildings	, stained glass windows, ε	etc.)		
What bes	t describes the memo	rial					
Materials of the Memorial							
•	ete for All Memo mate Dimensions (of measure	e) - taken from tallest / wides	t points		
12"	Height ^{16"}	Widt	h <u>16"</u>	Depth or	Diamet	er	
		be the "pose" of	of each statu	mation on a separate sheet of p ue and any weapons/implement this form). Thank you!			
Marking	s/Inscriptions (on st	one-work / m	netal-work	of monument, base, sculpture	e)		

UNKNOWN

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.

See Pictures

>This form may be photocopied.<

Environmental Setting

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

Type of Location Cemetery School Traffic Circle	 ✓ Park Municipal Building Library 	Plaza/Courtyard State Capitol Other:	"Town Square" Courthouse	Post Office College Campus
General Vicinity Rural (low popula	tion, open land)Su	burban (residential, nea	r city) Town 🔽 U	Irban / Metropolitan
Industrial C	e (check as many as may Commercial Str the elements (canopy or e environmental factor	eet/Roadside within 20 t		

[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	03/09/2020
Your Name Walter Busch		
Address 1240 Konert Valley Dr		
City Fenton	State MO	Zip Code 63026
Telephone		

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



