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

## Type of Memorial (check all applicable)

Monument	with	Sculpture	withou	ut Sculpture	v	with Cannon	~	standalone Cann	on
Historical Marker	~	Plaque	Other (	( flag pole, G.	A.R.	buildings, sta	ained	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: Unknown

**Original Dedication Date** Unknown 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 Sherman House Museum - 137 E Main St

		GPS Coordina	ates <u>N39*42'49.7</u>	39 W82*36'1.640	
City/Village &/or Towns	hip Lancaster				
County Fairfield		State <u>OH</u>		Zip Code 43130	
The front of the Memori	al faces: North _	South 🖌 East 🖌 West			
Government Body, Ag Name Sherman House Museum		Owner			
Dept./Div.					
Street Address 137 E Mair					
City Lancaster		_ State <u>○</u> H		Zip Code 43130	
Contact Person Site Manag	ger	Telephone (74		ext	
Is Memorial on the Natio	onal Register of Histo	oric PlacesYe	es _ ✔_No IE	) # if known	
For Monuments with/v Physical Details Material of Monument or bas If known, name specific mate	e under a Sculpture or C		Concrete	MetalOther	
Material of the Sculpture	Stone Concrete	e Metal	Other Is it holl	ow 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 = Probably Zinc Alloy

#### 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 Mem	orial? Yes No			
[For camp/department monuments of	icer's use: Cannon on list of known ordnance	e]Yes	_No	
For Other Memorials: (flag pole	e, G.A.R. buildings, stained glass window	/s, 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

<u>4 ft</u> Height <u>2 ft</u> Width <u>3 in</u> 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.

In Memory of	
[Bust Bas-Relief of Sherman]	
General William T Sherman	

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#### 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: <u>Residence</u>	"Town Square" Courthouse	Post Office College Campus
General Vicinity Rural (low popula	tion, open land) Su	burban (residential, near	city) 🔽 Town 🔛 U	rban / Metropolitan
Industrial C	e (check as many as may commercial Str the elements (canopy or e	eet/Roadside within 20 fe		
Any other significant e	nvironmental factor			
[To de	tail the condition of a mon	ument used the addendu	m form for Monument's	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	08/01/2019
Your Name Walter E 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? MO SUVCW - US Grant Camp 68, PDC

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.

