



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 = \_\_\_\_\_

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 \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ or Diameter \_\_\_\_\_

Sculpture: Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ or Diameter \_\_\_\_\_

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 \_\_\_\_\_

The "Dedication Text" is formed:  cut into material  raised up from material face

Record the text (indicate any separation if on different sides...) Please use additional sheet if necessary.  
 See attached for detail of plaque to be affixed to Veteran's monument

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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)  
 Town

Suburban (residential, near city)  
 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 \_\_\_\_\_

**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.

	<b>Sculpture</b>	<b>Base</b>
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)	_____	_____
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	_____	_____
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	_____	_____
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	_____	_____

**Surface Appearance** (check as many as may apply)

	<b>Sculpture</b>	<b>Base</b>
Black crusting	_____	_____
White crusting	_____	_____
Etched, pitted, or otherwise corroded (on metal)	_____	_____
Metallic staining (run-off from copper, iron, etc.)	_____	_____
Organic growth (moss, algae, lichen or vines)	_____	_____
Chalky or powdery stone	_____	_____
Granular eroding of stone	_____	_____
Spalling of stone (surface splitting off)	_____	_____
Droppings (bird, animal, insect remains)	_____	_____
Other (e.g., spray paint graffiti) - Please describe...	_____	_____

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) .

See attached for detail of plaque to be affixed to Veteran's monument  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 06/14/2009

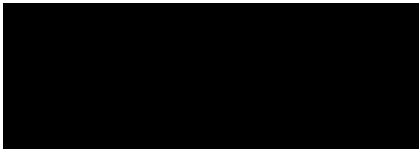
Your Name Jonathan Davis

Address 240 Merriman Drive City West Jefferson

State Ohio Zip Code 43162 Telephone [REDACTED]

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

2008-09-018

**SONS OF UNION VETERANS OF THE CIVIL WAR  
CIVIL WAR MEMORIAL FUND REQUEST**

(FORM CWM #62)  
Requester Information

CAMP AND DEPARTMENT NAME: Governor Willaim Dennison Camp No. 1, Department of Ohio  
(Please print or type)

ADDRESS: 240 Merriman Drive

CITY: West Jefferson

STATE: Ohio ZIP CODE: 43162

NAME OF CONTACT PERSON: Jonathan Davis, Camp Commander

ADDRESS: 240 Merriman Drive

CITY: West Jefferson

STATE: Ohio ZIP CODE: 43162

PHONE(S): 

**Memorial or Monument Information**

NAME OF MEMORIAL: Recognition plaque in honor of Bird B. Stith, last Union Veteran of Franklin County

LOCATION: (Name and address of cemetery or other location description, such as, corner of 3rd and Lincoln Street) \_\_\_\_\_

Green Lawn Cemetery; 1000 Greenlawn Avenue; Columbus, Ohio 43223

WHEN WAS IT BUILT: N/A

WHO OWNS IT: N/A

*B. Shall approved for payment*

WHO IS FINANCIALLY RESPONSIBLE FOR IT: Governor William Dennison Camp No. 1, Department of Ohio

ARE MATCHING FUNDS AVAILABLE: No FROM WHERE: \_\_\_\_\_

ARE OTHER SOURCES OF FUNDS AVAILABLE: Yes FROM WHERE: Re-enactment Group (\$80),

Department of Ohio Memorial Fund (\$117) and others (\$25)

AMOUNT BEING REQUESTED: \$100

DESCRIBE WORK THAT THESE FUNDS ARE NEEDED FOR: (Be specific, use back if necessary)

Total cost of the plaque, programs, sound system, etc. is estimated at \$450. The difference between the total cost and sources of funds

requested will be met by Governor William Dennison Camp #1. The cost of plaque and installation is \$200 plus tax with mounting on

Veterans monument. The plaque (see attached) will be mounted on Veteran's monument and dedicated in a ceremony to be held

Sunday, October 11, 2009 (see invitation also attached). The plaque measures 8" x 6" which needed approval by Green Lawn Cemetery.

WHO EVALUATED THE NEED FOR THE WORK AND WHAT ARE THEIR QUALIFICATIONS: \_\_\_\_\_

Jonathan Davis, Camp Commander in line with National SUCVW project of Last Union Veteran recognition.

WHO WILL DO THE WORK DESCRIBED AND WHAT ARE THEIR QUALIFICATIONS: \_\_\_\_\_

Plaque purchased though Green Lawn Cemetery and mounted by cemetery personnel.

WHO WILL RECEIVE THE FUNDS IF GRANTED: Robert W. Davis, Treasurer, Governor William Dennison Camp No. 1,

SUCVW, 84 Kramer Street, Canal Winchester, OH 43110

SUVCW MEMORIAL GRANTS REQUEST  
2008 - 2009

GRANT REQUEST #2008-09-18

DATE RECEIVED - 6-25-2009

Project Name - Bird B. Stith, Last Union Veterans of Franklin, County

Camp: Governor William Dennison Camp #1

Monument Location - Green Lawn Cemetery, 1000 Greenlawn Avenue, Columbus, Ohio 43223

Contact Person - Jonathan Davis, Camp Commander - 240 Merriman Drive, West Jefferson 43162




Check payable to - Robert W. Davis, Treasurer, Governor William Dennison Camp #1 - 84 Kramer Street, Canal Winchester, OH 43110

Amount Requested - \$200.00

Memorials assessment report filed?  Yes  No Not needed

Signature of Memorials Officer \_\_\_\_\_ Kevin Tucker, PDC

Paid:

Please initial your vote next to your name, then sign and date below- once completed, fax or email to Brad Schall who will send to Max Newman, National Treasurer. 

Approved                      denied                      tabled

D. Brad Schall, PDC      6/28/09 *B Schall*  
Eric Schmincke, PDC      *Eric Schmincke*  
Robert Petrovic, PDC      *Robert Petrovic*

Signature *B Schall* Date 7-13-09

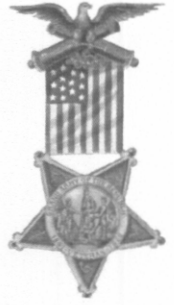
Comments:  
Email copy of vote to Brad Schall dschall@starstream.net

*Approved for payment  
B Schall  
Chairman*

2008-09-018



**DEPARTMENT OF OHIO  
SONS OF UNION VETERANS OF THE CIVIL WAR  
Governor William Dennison Camp No. 1  
Columbus, Ohio**



240 Merriman Drive  
West Jefferson, Ohio 43162  
June 18, 2009

D. Brad Schall, PDC, Chair  
SUVCW Memorials Grant Comm.  
2754 Woodacre Court  
Lincoln, CA. 95648

Brother Schall,

**Request for funds from the Memorial Fund for  
Recognition Plaque of the Last Union Veteran of Franklin County, Ohio  
Bird B. Stith**

In line with the procedure of requesting funds for new items after May 1, we would like to request funds of \$100 to help defray some of the cost of the plaque and installation thereof in connection with the dedication ceremony on October 11, 2009 of the Last Union Veteran to be buried in Franklin County, Ohio.

I have inclosed the following:

Form 61 – Civil War Memorial Assessment (original to Kevin P. Tucker)

Form 62 – Civil War Memorial Fund Request

Copy of Ceremony Invitation

Picture of Veteran's monument where plaque will be affixed

Should you need additional information, please let me know.

Much thanks.

In Fraternity, Charity & Loyalty,

*Jonathan C. Davis*

Jonathan C. Davis, Camp Commander  
[REDACTED]

CC: Kevin P. Tucker, PCC



**HERE IN HONORED GLORY RESTS THE LAST  
UNION CIVIL WAR VETERAN BURIED IN  
FRANKLIN COUNTY**

**BIRD B. STITH**

**NOVEMBER 19, 1845 - JANUARY 31, 1948  
CPL., CO. I, 53RD KENTUCKY MOUNTED INF.**

**PLACED BY  
GOV. WILLIAM DENNISON CAMP NO. 1, S.U.V.C.W.  
AND THE CITIZENS OF FRANKLIN COUNTY**

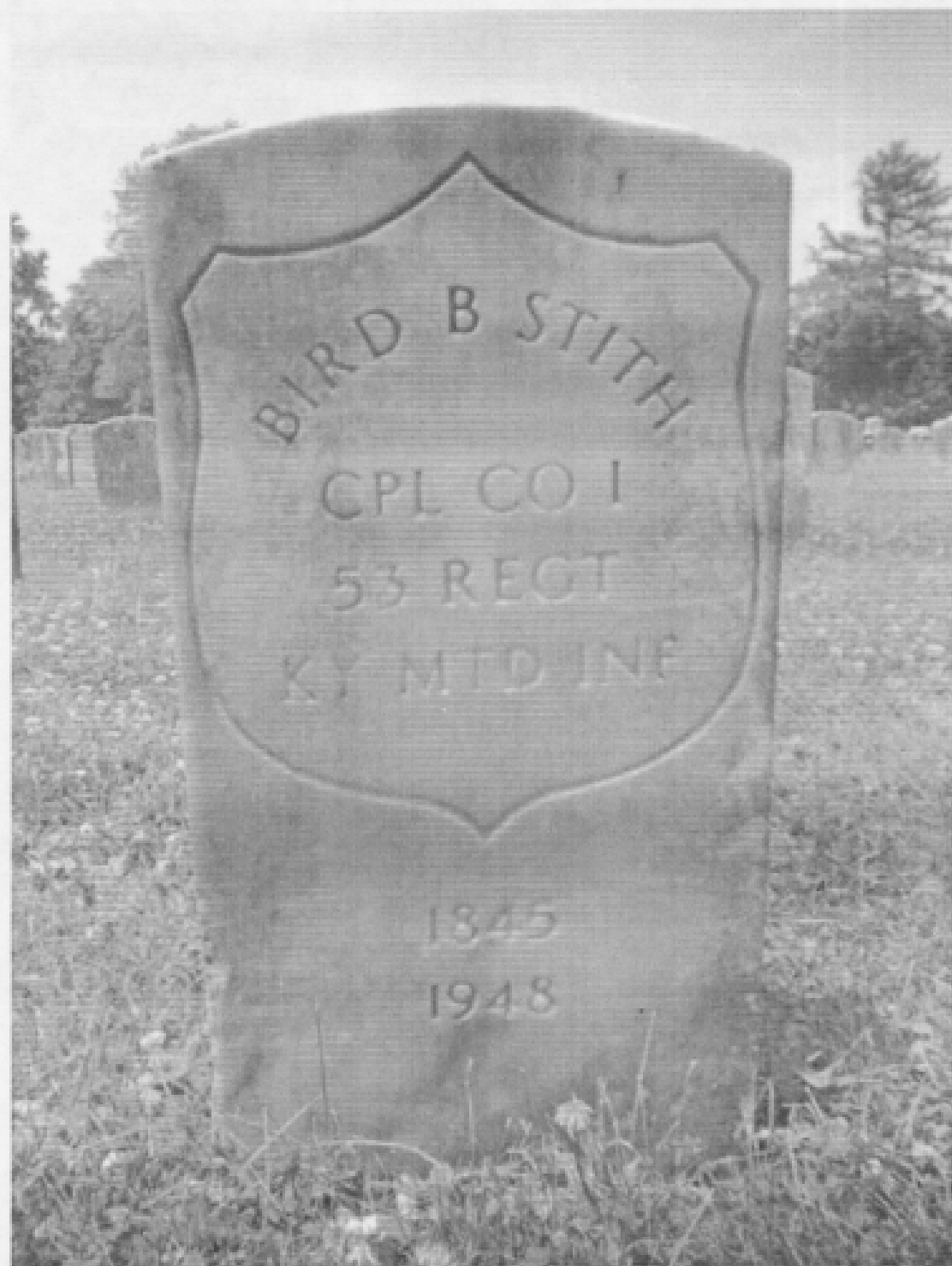
0.25"

0.45"

6.00"

0.25"

8.00"



BIRD B STITH

CPL CO I

53 REGT

KY MTD INF

1845

1948

Type \_\_\_\_\_  
 Code \_\_\_\_\_  
 Emp. No. \_\_\_\_\_

RETAIL INSTALLMENT CONTRACT  
**GREEN LAWN CEMETERY**  
 1000 Greenlawn Avenue, Columbus, Ohio 43223 (614) 444-1123

Contract # 3742  
 \_\_\_\_\_  
 Customer Number

THIS AGREEMENT made 1/31/2009 (Mo., Day, Yr.) between GREEN LAWN CEMETERY, an Ohio corporation (hereafter called "Cemetery"); and JONATHAN DAVIS  
 Street 1200 W. W. PAUS ST. WELLS Tel. ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (hereafter called "Purchaser"); WITNESSETH: That the Cemetery agrees to sell and the Purchaser agrees to buy the following on the terms indicated herein.

<b>Lot, crypt and niche prices do not include interment or entombment fees.</b>	Name of Decedent _____ Interment No. _____	1) Lot(spaces) \$ _____ 2) Crypt(s) \$ _____
No. of Burial Spaces _____ Section _____ Lot _____ Grave (s) _____ Type of lot _____ Planting _____ Restrictions _____ Vault (s) _____ Air Seal _____ Top Seal _____ Box _____ Cremation _____	Number of Crypts _____ Crypt Number (s) _____ Building _____ Level _____	3) Niche(s) \$ _____ 4) Other _____ \$ _____ 5) Vault(s) \$ _____ 6) Memorial(s) \$ <u>200.00</u> 7) Other Mdse. \$ _____
Number of Niches _____ Niche Number (s) _____ Building _____ Level _____	This space is: _____ Existing _____ Under Construction _____ Planned _____ <i>If crypt purchase/selection is made to a mausoleum not ready for entombment as of the date of this Agreement, construction of mausoleum must begin not later than three (3) years after the date of this contract and construction must be completed not later than five (5) years after the date of this contract per section 1721.23 Ohio Revised Code.</i>	8) Sales Tax on Items 5-7 \$ <u>13.50</u> 9) Memorial Foundation(s) \$ _____ 10) Vault Handling Fee \$ _____ 11) Inter/Entomb Fee \$ _____
Memorial Inscription _____ Color _____ Marker Size _____ Base Size _____ Tablet Size _____ Emblems _____ Design _____ <u>SEE ATTACHED PDF FOR PLAN</u> <u>SEE ATTACHED DOCUMENT FOR</u> MEMORIAL DOES/DOES NOT INCLUDE DEATH DATE.	12) Total Contract Price \$ <u>213.50</u> 13) Down Pmt. \$ <u>213.50</u> 14) Unpaid Balance (12 minus 13) \$ <u>- 0 - *</u>	*Enter in "Amount Financed" box below Receipt 5462 11-31-2008 1013.50

**TERMS OF PAYMENT & FEDERAL TRUTH IN LENDING DISCLOSURES**

<p><b>ANNUAL PERCENTAGE RATE</b> THE COST OF YOUR CREDIT AS A YEARLY RATE.</p> <p>_____ %</p>	<p><b>FINANCE CHARGE</b> THE DOLLAR AMOUNT THE CREDIT WILL COST YOU.</p> <p>\$ _____</p>	<p><b>AMOUNT FINANCED</b> THE AMOUNT OF CREDIT PROVIDED TO YOU OR ON YOUR BEHALF.</p> <p>\$ _____</p>	<p><b>TOTAL OF PAYMENTS</b> THE AMOUNT YOU WILL HAVE PAID AFTER YOU HAVE MADE ALL PAYMENTS AS SCHEDULED.</p> <p>\$ _____</p>	<p><b>TOTAL SALE PRICE</b> THE TOTAL COST OF YOUR PURCHASE ON CREDIT, INCLUDING YOUR DOWN PAYMENT OF \$ _____</p> <p>\$ _____</p>
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Your Payment Schedule will be:

Number of Payments _____ @ _____	Amount of Payments \$ _____	When payments are due: Monthly	You have the right to receive at this time an itemization of the Amount Financed.
_____ @ _____	\$ _____	First payment due 30 days from date of contract.	
		Date first payment due: _____	<input type="checkbox"/> I want an itemization. <input type="checkbox"/> I do not want an itemization.

**Prepayment.** Any unpaid balance may be paid at any time without penalty and any unearned finance charge will be refunded according to the sum of the digits method, commonly referred to as the "Rule of 78's."

**Security Interest.** Purchaser grants Cemetery a security interest in merchandise, burial, entombment or inurnment rights being purchased under this Agreement. This security interest secures payments due, and any and all other obligations of Purchaser under this Agreement.

**Default and Past Due Installments.** In the event that any installment payment due hereunder is not paid when due, such installment shall bear interest at the same rate on which the finance charge is computed in this Agreement until paid. In the event that any installment due hereunder is not paid in full within 30 days after its scheduled due date, the Cemetery shall have the option (a) to declare the entire balance due and payable, without notice, and to enforce collection thereof by any legal means, or (b) to cancel this Agreement. No delay on the part of the Cemetery in exercising such option shall operate as a waiver thereof, or preclude exercise thereof at any time in the continuance of a default or in the event of a subsequent default.

**SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS WHICH ARE PART OF THIS AGREEMENT.**

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties

**FOR VALUE RECEIVED, Purchaser agrees to pay the Cemetery in accordance with the Terms of Payment set forth above. UPON RECEIPT OF PAYMENT IN FULL, Cemetery agrees to convey to Purchaser the merchandise, burial, entombment or inurnment rights purchased under this Agreement. In no event will burials, entombments, or inurnments be made in any lot, crypt, or niche purchased hereunder until payment in full is received.**

**NOTICE**

**ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.**

**BUYER'S RIGHT TO CANCEL**

**You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. The notice must be mailed to Green Lawn Cemetery, 1000 Greenlawn Ave., Columbus, Ohio 43223. See attached Notice of Cancellation form for an explanation of this right.**

**BUYER'S RIGHT TO CANCEL BURIAL VAULT CONTRACT**

**You, the buyer, may cancel this transaction as to any burial vault purchased within seven days after the date of this transaction. Thereafter, unless you otherwise give up this right, you may cancel this transaction as to any burial vault purchased at the times and upon the conditions of §1721.211 of the Ohio Revised Code. See reverse side and attached notice of cancellation form for explanations of these rights.**

The purchaser hereby acknowledges receipt of a copy of this agreement.

In Witness Whereof:

\_\_\_\_\_  
Purchaser

\_\_\_\_\_  
Memorial Consultant

\_\_\_\_\_  
Purchaser

\_\_\_\_\_  
Officer of Green Lawn Cemetery