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 all :	applicable)		
	-		with Cannor	n 🔽 standalone Cannon
				tained glass windows, etc.)
Note: try to record	items separately. Canno	ons near monuments should be	recorded & photograp	hed separately, etc. Thank you.
Affiliation				
	_MOLLUS	SUVCW	WRC	ASUVCW
LGAR	DUVCW	SUVCW Other		
	<u> </u>			
If known, record name an	nd number of post, can	np, corps, auxiliary, tent, circ	cle or appropriate inf	ormation of other groups:
Original Dedication	Date 1910; Restor	red 1983 Please c	onsult any/all newsp	aper archives for a local paper's article
that would have informati	on on the first dedicati	on ceremony and/or other fa	acts on the memoria	I. Please submit a copy of your findings
with full identification of the	ne paper & date of pub	lication. Thank you.		
Location		400 E 1 # 4 /	(1) (1) (0)	
Location The Magnerial is as				and E. Jefferson St.) in Effingham
	₹	t: County Veteran's Mem	onai	
Street/Road addres	ss or site location		andinatas 00 101	EO N. 00 E4404 W.
City/\/illogo \Q/or To	vyrahin Effinahan		ordinates <u> 39.121</u>	53 N, 88.54191 W
City/Village &/or To	ownsnip <u>Emingham</u>			7:- CI- 00404
County Effingham		State <u>IL</u>		Zip Code <u>62401</u>
The front of the Me	marial faces	North (Couth	East \//a	oot.
The front of the Me	emonai iaces	_ North <u>~</u> South	_ cast vve	:51
Government Body	Agency or In	dividual Owner		
Name Effingham Cou				
Dept./Div.	arity Oditural Oction	and Muscum		
Street Address 100) F. Jefferson Ave			
				Zin Code 62401
Contact Person De	laine Donaldson (Pr	resident) Telenhor	A (217) 240-247	Zip Code <u>62401</u> 71 ext
Contact i cison <u>be</u>	name Benaldeen (i i	TOIOPHOI	10 (17) <u>210 217</u>	CAT
Is Memorial on the	National Registe	er of Historic Places _	Yes 🗸 No	ID # if known
				" " " " " " " " " " " " " " " " " " "
However, the original	Effingham County C	ourthouse on the square	ıs (86001018).	
For Monuments w	-:41- /···:41··4	I4		
For Monuments w	itn/witnout scu	ipture:		
Physical Details	or book under a Cau	ulntura ar Cannan —	Stana W Cananata	Matal
		llpture or Cannon =		
ii known, name specilio	c material (color of g	ranite, marble, etc.)		
Material of the Sculptur	re Stone	Concrete Metal	Other Is it	hollow or solid?
If known, name specific	c material (color of g	ranite, marble, etc.)		

FORM CWM #61 Page 2 For Historic Marker or Plaque: Material of Plaque or Historical Marker / Tablet = For Cannons with/without monument: 4.2" Parrott Rifle, 1863 Model with 5 right hand grooves, 4190 lbs. Material of Cannon = _____ Bronze ___ ron Type of Cannon (if known) Rifled ✓ Yes No Markings: Muzzle 4190. No226. 1863. W.P.F. / T.E. 4.2. 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] V Yes **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 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. Mount states "1910 - Restored 1983"

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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 Park ___ Plaza/Courtyard ___ "Town Square" Municipal Building ___ State Capitol ___ Courthouse Library Other: ___ Post Office Cemetery School College Campus Traffic Circle 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 ___ [To detail the condition of a monument used the addendum form for *Monument's Condition*] Submission of this form requires at least one type of identification so that you may be contacted regarding the information on this form. This information will most likely be in the public domain. Your name is required; please include one (or more) pieces of contact information. 1. If a member of an Allied Order, the name of your camp, auxiliary, tent, circle or corps; along with your department; 2. Physical Address; 3. Phone Number 4. E-Mail address. By submitting this, you are allowing the posting of this information on the internet. Inspector Identification Date of On-site Survey 18 August A. D. 2023 Your Name Sumner Gary Hunnewell Address 2030 San Pedro Dr. City Arnold State MO Zip Code 63010-4161) 636 464 3856 E-Mail HildifonsTook@prodigy.net Telephone (

E Wall Tildinons Took@prodigy.ne

Are you a member of the Allied Orders of the G.A.R.? If so, which one? SUVCW, Fletcher Camp 47 MO

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. Photographs & GPS Co-ordinates are very much desired.

Pages 4 & 5 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*.

Please mail (or e-mail pdf, and picture files) to:

Walt Busch, PDC, Chair, 1240 Konert Valley Dr., Fenton, MO 63026, cwmemorials@suvcw.org (314) 630-8407

Thank you for your help, and attention to detail.

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



