

NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

- Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- Do not guess at the information. An answer of, "Unknown," is more helpful.
- Include a photograph of each viewable side and label it with name & direction of view.

- Thank You.

Type of Memorial

Monument *with* Sculpture Monument with *Cannon*
 Monument *without* Sculpture Historical Marker Plaque

Affiliation

G.A.R. (Post Name & No. _____) M.O.L.L.U.S.
 W.R.C. (Corps Name & No. _____) Other Allied Order
 SUVCW (Camp Name & No. _____) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: Missouri Department of Ladies of the Grand Army of Republic _____

Original Dedication Date May 19 1940 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 GPS N 36° 43' 29.5" W 91° 50' 31.1" 1172 Amyx Ave
 City/Village West Plains Township _____ County Howell

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)...

Name _____ Dept./Div. _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Contact Person _____ Telephone () _____

If the Memorial has been moved, please list former location(s)...

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Undetermined
 If known, name specific material (color of granite, marble, etc.) _____

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 = Metal _____

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 60 in Width 21 in Depth 12 in 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 sheet

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) 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 _____

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.

	Sculpture	Base
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)

	Sculpture	Base
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) .

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.

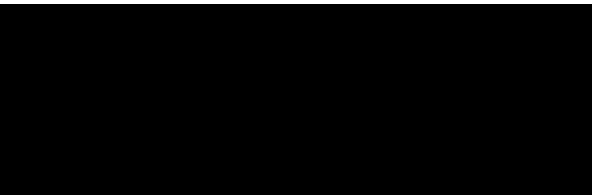
Inspector Identification

Date of On-site Survey 28 May 2011 Westport 64 - MO SUVCW

Your Name Daniel Tuck

Please send this completed form to:

Bruce B. Butgereit, PDC, Chair



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR
National Civil War Memorials Committee

Location

GPS N 36° 43' 29.5" W 91° 50' 31.1"

Nearest Address:

1172 Amyx Ave

West Plains, Missouri 65775

Transcript

DEDICATED TO THE MEMORY OF
ALICE CARY RISLEY – NATIONAL PRESIDENT
ASSOCIATION OF ARMY NURSES OF CIVIL
WAR 1861-1865 BY DEPARTMENT OF MISSOURI
LADIES OF THE GRAND ARMY OF REPUBLIC
MAY 19, 1940

End Transcript

Gravestone

Alice Cary Risley

1847 - 1939

Gravestone

Sam Risley

[No dates, just these letter and numbers]

G.A.R.

No.24 1/2 (looks like)

A.O U. W. [Stands for "Ancient Order of United Workmen"]

No.281



ALICE CARY RISLEY
1847 — 1939



DEDICATED TO THE MEMORY OF
ALICE CAREY RISLEY-NATIONAL PRESIDENT
ASSOCIATION OF ARMY NURSES OF CIVIL
WAR 1861-1865 BY DEPARTMENT OF MISSOURI
LADIES OF THE GRAND ARMY OF REPUBLIC
MAY 19. 1900