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

Type of Memo					
Monument _	with Sculpture	e without Sculpture	with Canno	n standalone Cani	non
<u>√</u> Historical Mar	kerPlaque	Other (flag pole, (G.A.R. buildings, s	tained glass windows, et	(C.)
Affiliation					
	MOLLUS	SUVCW	WRC	ASUVCW	
LGAR	DUVCW	Other			
If known, record name	and number of post,	camp, corps, auxiliary, tent, o	circle or appropriate in	formation of other groups:	
Battle of Athens State Hi	storic Site, Department c	f Natural Resources			
that would have inform	nation on the first dedi	Please cation ceremony and/or othe publication. Thank you.	consult any/all newspr facts on the memoria	aper archives for a local pape II. Please submit a copy of you	r's article ır findings
Location The Memorial is Street/Road add	-	l at: ion Battle of Athens State Hist	oric Site		
	ioco oi oito iocat			8.72000 W91;41;45.9000	
City/Village &/or	Townshin Revere				
County Clark	Township	State	MO	Zip Code 63465	
Oddrity		0.0.0		Zip Oode <u>*****</u>	
The front of the I	Memorial faces:	North _<_ South	East We	est	
Government Bo Name Battle of Ather		Individual Owner			
Dept./Div. Dept of N	Natural Resources - Divs	ion of State Parks			
Street Address					
City Jefferson City		State M	0	Zip Code 65101	
Contact Person	Site Manager	Telepho	one (⁶⁶⁰) <u>877-387</u>	- •	
Is Memorial on th	ne National Regi	ster of Historic Places	sYes✓_No	DID # if known	
For Monuments	with/without o	ouloturo:			
Physical Details	6	•	Stone Concrete	Motal Other	
		Sculpture or Cannon = of granite, marble, etc.)			
		Concrete Met	alOther Is it	hollow or solid?	

FORM CWM #61 Page 2 For Historic Marker or Plaque: Material of Plaque or Historical Marker / Tablet = Metal with wood supports 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 Memorial? [For camp/department monuments officer's use: Cannon on list of known ordnance] _____ 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 Height ^{24 in} Width ^{18 in} Depth or Diameter 3 1/2 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. See Pictures for Details

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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
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 Within the boundaries of a state historic site
Any other significant environmental factor
[To detail the condition of a monument used the addendum form for Monument's Condition]
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 <i>Monument's Condition</i> and the <i>Narrative</i> forms. Only the <i>Monument's Condition</i> form is required if you are requesting grant money using form CWM-62 <i>SUVCW Memorial Grant Application Form and Instructions</i> . Thank you.
Inspector Identification Date of On-site Survey 03 May 2018 Your Name Walt Busch & Sumner Hunnewell
Are you a member of the Allied Orders of the G.A.R.? If so, which one? Walt - US Grant Camp 68 SUVCW Sumner - Fletcher Camp 47
Please send this completed form to: Walt Busch, PDC, Chair

Thank you for your help, and attention to detail.

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



