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NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

- 1. Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- 2. 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 Other (flag pole, G.A.R. buildings, stained glass windows, etc.)
Affiliation
G.A.R. (Post Name & No) M.O.L.L.U.S
SUVCW (Camp Name & No) (Please describe below)
WRC (Corps Name & No)
ASUVCW (Aux Name & No)
DUVCW (Tent Name & No)
LGAR (Circle Name & No) Other Missouri National Guard
article that would have information on the <i>first</i> 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 <i>currently</i> located at: Street/Road address or site location N38.549319,W92.072591 National Guard Museum
City/Village Jefferson City Township County Cole
State MO
The front of the Memorial faces: North South East _xx West
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in) Name Missouri National Guard
Dept./Div. MO Military History Museum
Street Address 2405 Logistics Dr City
Jefferson City State MO Zip Code 65101 Contact Person
Charles Machon Telephone () 573- 638-9603
If the Memorial has been moved, please list former location(s). Cannon on display

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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 = StoneConcrete 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 = \underline{xxx} BronzeIron - Consult known Ordnance Listing to confirm Markings on muzzle = $\underline{^{124-B.H.}}$
Markings on muzzle = 124 - B.H. Markings on Left Trunion 1854 Is inert ammunition a part of the Memorial? NO If so, describe U.S. marked on tube Cannon is 6 pounder
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: xx cut into material raised up from material face
Record the text (indicate any separation if on different sides) Please use additional sheet if necessary.

Environmental Setting (The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.) Type of Location
Cemetery Park Plaza/Courtyard "Town Square" Post Office School Municipal Building State Capitol Other: Courthouse College Campus Traffic Circle Library

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General Vicinity Rural (low population, open land) Town	Suburban (resident	
Immediate Locale (check as many as may apply) Industrial <a commercial"="" href="mailto:xxx">xxx Street/Roadside within 20 feet Tree Covered (coxxx protected from the elements (canopy or enclosure, incompressed from the public (fence or other barrier) Any other significant environmental factor	doors)	
Condition Information		
Structural Condition (check as many as may apply)		
The following section applies to Monuments <i>with</i> Sculpture, and including the base for Monuments with <i>Cannon</i> . Instability in the number of factors. Indicators may be obvious or subtle. Visually	sculpture and its base can l	be detected by a
	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 gr	owth)	
Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc mi	issing ——	
due to vandalism, fluctuating weather conditions, etc.)	33mg	
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the mater	ial)	
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 <u>×</u> No Unable	to tell

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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? XX 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) . Well maintained		
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 1/12/2015 Your Name Walt Busch		
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 National Civil War Memorials Committee



















