FORM CWM #61 **PAGE 1** OF 4

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 X Plaque **Affiliation** G.A.R. (Post Name & No._____ M.O.L.L.U.S. ____ Other Allied Order ___ W.R.C. (Corps Name & No._____ SUVCW (Camp Name & No._____) (Please describe below) DUVCW (Tent Name & No. X Other: Capt Robt Napier Chapter Nat'l Society Colonial Dames XVII Century Original Dedication Date 2002 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 Kendrick Pl NE Jct Garrison & Hwy V N37°11'39.9 W94°18'32.0 City/Village Carthage Township County Jasper The front of the Memorial faces: ___ North _X South ___ East __ West Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)... Name Owners Kendrick Place _____ Dept./Div. ____ Street Address ____ City Carthage State MO Zip Code 64836 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.)

>This form may be photocopied. <

College Campus

Library

Courthouse

Traffic Circle

Historic Home

_ , , , , , , , , , , , , , , , , , , ,	burban (residential, r ban / Metropolitan	near city)
Immediate Locale (check as many as may apply)Industrial Commercial Street/Roadside within 20 feet Tree Covered (composed from the elements (canopy or enclosure, index protected from the public (fence or other barrier) Any other significant environmental factor	pors)	
Condition Information		
Structural Condition (check as many as may apply) The following section applies to Monuments <i>with</i> Sculpture, and M	•	
including the base for Monuments with <i>Cannon</i> . Instability in the by a number of factors. Indicators may be obvious or subtle. base.		
If hallow is the internal support unstable/exposed?	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)		
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	Sculpture	Base
Does water collect in recessed areas of the Memorial?	Yes No X L	Jnable to tell

Surface Coating Does there appear to be a coating? Yes _X 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? X 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 3/18/2011 Your Name Walter E Busch		
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





