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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
Original Dedication Date Please consult any/all newspaper archives for a local paper's 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 currently located at: Street/Road address or site location North side of I-70 at St. John Cemetery @ N38.9911 W093.5211 City/Village Emma Township County Lafayette State Missouri The front of the Memorial faces: North South X East West
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in) Name Concordia Area Heritage Society Dept./Div.
Street Address P. O. Box 91, 709 South Main City
Concordia State MO Zip Code 64020 Contact Person
Telephone ()
If the Memorial has been moved, please list former location(s).

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Physical Details

Material of Monument or base under a Sculpture or Caname specific material (color of granite, mark		
SUVCW CIVIL WAR		
Material of the Sculpture = Stone(If known, name specific material (color of gra If the Sculpture is of metal, is it solid cast of	anite, marble, etc.)	
Material of Plaque or Historical Marker / Ta	ablet =	
Material of Cannon =BronzeIron - Markings on muzzle =	Consult known Ordnance L	isting to confirm
Markings on Left Trunion	Right Trunion	
Markings on muzzle = Markings on Left Trunion Is inert ammunition a part of the Memorial?	? If so, describe	
Approximate Dimensions (indicate unit o Monument or Base: Height 5 ft Width 2 Sculpture: Height Width E	of measure) - taken from talle of the contraction of Depth 4 in contraction or Depth or Diameter	est / widest points iameter
For Memorials with multiple Sculptures, ple for each statue and attach to this form. Ple weapons/implements involved (in case you	ase describe the "pose" of e	each statue and any
Markings/Inscriptions (on stone-work / m Maker or Fabricator mark / name? If so, give		
The "Dedication Text" is formed: cut in	nto material <u>×</u> raised up fro	om material face
Record the text (indicate any separation if or Civil War Casualties	n different sides) Please use a	additional sheet if necessary.
Buried in this vicinity of St. John Cemetery are eight victims of bus	hwhacker activity during the Civil War. Kille	ed on August 23. 1864 was
Christian Heinrich Ehlers. Killed on October 10, 1864 were Fr. Willi	am Dickenhorst, Heinrich Dierking, Conrad S	Scharnhorst, Wilhelm
Bodenstab, Heinrich Wrede, Heinrich Diers, and Peter Heinrich Heinrich Bonsored by Concordia Area Heritage Society	ermann.	
Environmental Setting (The general vicinity and immediate locale surrounding Type of Location	յ a memorial can play a major role i	n its overall condition.)
 Cemetery "Town Square" Municipal Building Courthouse Traffic Circle 	Park Post Office State Capitol College Campus Library	Plaza/Courtyard School Other:

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General Vicinity X Rural (low population, open land) Town	Suburban (residen Urban / Metropolita	
Immediate Locale (check as many as may apply) Industrial Commercial Street/Roadside within 20 feet × Tree Covered (of Protected from the elements (canopy or enclosure, incomposed 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 with Sculpture, and including the base for Monuments with Cannon. Instability in the number of factors. Indicators may be obvious or subtle. Visually	sculpture and its base can	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 greathy broken or missing parts?	owth)	
(Look for elements (i.e., sword, musket, hands, arms, etc mi	ssing	
due to vandalism, fluctuating weather conditions, etc.) Any cracks, splits, breaks or holes?		
(Also look for signs of uneven stress & weakness in the materi	al)	
Surface Appearance (check as many as may apply)		
	Sculpture	Base
Black crusting White crusting		
White crusting Etched, pitted, or otherwise corroded (on metal)		
Metallic staining (run-off from copper, iron, etc.)	<u>—</u>	
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	e 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? 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 10/18/2008 Your Name Brian V. Smarker
What Order or Organization is submitter a member of? Westport Camp #64, Dept. of MO, SUVCW
Please send this completed form to
Walt Busch. PDC. Chair

Thank you for your help, and attention to detail. Sons of Union V

CIVIL WAR VETERANS OF THE National Civil War Memorials Committee

