## 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.

<ul> <li>Include a photograph of each viewable side a</li> </ul>	nd label it with n	ame & dire	ection of view. - Thank You.
Type of Memorial  Monument with Sculpture	Monume	nt with C	
Monument without Sculpture			Plaque
<u>Affiliation</u>	•		
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		)	
X Other: Citizens of Lexington			
Original Dedication Date 1932 local paper's article that would have information on the first of Please submit a copy of your findings with full identification of Location	dedication ceremon	/ and/or othe	r facts on the memorial.
The Memorial is <i>currently</i> located at:	annosito Wotor Towo	-\M02°E2'40'	NI20°11'20"
Street/Road address or site location Wood St. O	pposite vvater rowe	1 VV93 52 40	N39 1129
City/Village Lexington Township		ounty Lar	
The front of the Memorial faces: North	× South	Eas	t West
Government Body, Agency, or Individual Owner ( Name Battle of Lexington State Historic Site	of private cemeter Dept./Div		orial is located in)
Name Battle of Lexington State Historic Site Street Address PO Box 6	Dept./Div		
Name Battle of Lexington State Historic Site  Street Address PO Box 6  City Lexington	Dept./Div	Zip Cod	<b>e</b> 64067-0006
Name Battle of Lexington State Historic Site	Dept./Div	Zip Cod	<b>e</b> 64067-0006
Name Battle of Lexington State Historic Site  Street Address PO Box 6  City Lexington	Dept./Div State Mo_ Telephone (	Zip Cod 660 ) <u>25</u> 5	<b>e</b> 64067-0006
Name Battle of Lexington State Historic Site  Street Address PO Box 6  City Lexington  Contact Person Site Administrator  If the Memorial has been moved, please list for	Dept./Div State Mo_ Telephone (	Zip Cod 660 ) <u>25</u> 5	<b>e</b> 64067-0006

Material of the Sculpture = Stone If known, name specific material (color of granite If the Sculpture is of metal, is it solid cast or '	marble, etc.)
Material of Plaque or Historical Marker / Tabl	et = Granite
Material of Cannon =BronzeIron - (	Consult known Ordnance Listing to confirm
Markings on Left Trunion	Right Trunion
Markings on Left Trunion	If so, describe
Approximate Dimensions (indicate unit of n Monument or Base: Height 84" Width Sculpture: Height Width	neasure) - taken from tallest / widest points  48"
For Memorials with multiple Sculptures, ple sheet of paper for each statue and attach to each statue and any weapons/implements separated from this form). Thank you!	this form. Please describe the "pose" of
Markings/Inscriptions (on stone-work / meta Maker or Fabricator mark / name? If so, give	
The "Dedication Text" is formed: X cut into  Record the text (indicate any separation if on different [Lexington Battlefield Gate]	
To The Everlasting Honor	
of	
The Soldiers in Blue and The Soldiers in Gray	
Americans All	
This Memorial Gateway is Dedicated	
By The Citizens of Lexington	
1932	
Municipal Building State	morial can play a major role in its overall condition.)  ———————————————————————————————————
X Traffic Circle Libra	
	· <i>y</i>

General Vicinity Rural (low population, open land) Town	Suburban (residential, i	near city)
Immediate Locale (check as many as may applicate Industrial  X Street/Roadside within 20 feet Protected from the elements (canopy or enterprotected from the public (fence or other beauty other significant environmental factor	Commercial Tree Covered (overhand closure, indoors) arrier)	ging branches)
Condition Information	À	
Structural Condition (check as many as may The following section applies to Monuments with Sincluding the base for Monuments with Cannon. Instability a number of factors. Indicators may be obvious or base.	Sculpture, and Monuments without lity in the sculpture and its base ca	an be detected
No.	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 I due to vandalism, fluctuating weather conditions, etc.)	nissing	
Any cracks, splits, breaks or holes?  (also look for signs of uneven stress & weakness in the material stress and the stress are signs of uneven stress and the stress are stress as the stress are	erial)	-
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 descrit Good Shape		Base
Does water collect in recessed areas of the Memoria	il?Yes _X_NoU	nable 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 _X_ Unable to determine
Is the coating in good condition? Yes NoX 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 18 December 2007
Your Name Walter E. Busch, US Grant Camp #68
Please send this completed form to:
Todd A. Shillington, PDC
Thank you for your help, and attention to detail.
Cover on Havon Manna and Court Was
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