FORM CWM #61 Page 1

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

Type of Memoi	ial (check all	applicable)	
			Cannon standalone Cannon
Historical Marke	erPlaque _	Other (flag pole, G.A.R. buil	dings, stained glass windows, etc.)
Affiliation			
GAR	_ MOLLUS	SUVCW WR Other	C ASUVCW
LGAR	_ DUVCW _	✓ Other	
		mp, corps, auxiliary, tent, circle or appro levolution Bicentennial Commission	opriate information of other groups:
Original Dedication that would have informat with full identification of t	tion on the <i>first</i> dedicati	ion ceremony and/or other facts on the	all newspaper archives for a local paper's article memorial. Please submit a copy of your findings
Location			
The Memorial is co	•		
Street/Road addre		South Osage St & West Pacific St	
		GPS Coordinates	N39°05'10.979 W94°25'07.272
City/Village &/or To	ownship Independen	ice	
			Zip Code 64050
,			
The front of the Me	emorial faces:	_ North South East _	✓ West
Government Bod	y, Agency, or In	dividual Owner	
Name Unknown - Proba	ably City of Independence)	
Dept./Div.			
Street Address 11			
		State MO	Zip Code 64050
Contact Person		Telephone (816)	325-7000 ext
		er of Historic PlacesYes _	
For Monuments v	with/without scu	lpture:	
Physical Details			
•	or base under a Scu	ulpture or Cannon =Stone	Concrete Metal Other
		granite, marble, etc.)	
Material of the Sculptu	ireStone	Concrete MetalOth	ner Is it hollow or solid?

FORM CWM #61 Page 2 For Historic Marker or Plaque: Material of Plaque or Historical Marker / Tablet = Aluminum/Zinc Pole with Similar Sign (painted - double sided) For Cannons with/without monument: Material of Cannon = _____ Bronze ____Iron Type of Cannon (if known)____ Rifled YES NO Base Ring/Breech Markings: Muzzle Left Trunion Right Trunion Is inert ammunition a part of the Memorial? Yes No [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 2 ft Width 6 inches Depth or 8 ft Diameter 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) N/A

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

Lewis-Bingham Waggoner Estate

FORM CWM #61 PAGE 3

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 Courthouse College Campus Traffic Circle Library Other: Streetside
General Vicinity Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan
Immediate Locale (check as many as may apply) Industrial Commercialv 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
Any other significant environmental factor
[To detail the condition of a monument used the addendum form for Monument's Condition]
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. Addendums attached to this electronic file are the <i>Monument's Condition</i> and the <i>Narrative</i> forms. Only the <i>Monument Condition</i> form is required if you are requesting grant money using form CWM-62 SUVCW Memorial Grant Application Form and Instructions. Thank you.
Inspector Identification Date of On-site Survey 05/15/2021 Your Name Walt Busch, PDC
Are you a member of the Allied Orders of the G.A.R.? If so, which one?
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.

FORM CWM #61 ADDENDUM 1

SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM ADDENDUM – MONUMENT'S CONDITION



FORM CWM #61 ADDENDUM 2 PAGE___ OF ___

SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM ADDENDUM – NARRATIVE

[Generally used to record the text of monuments, but may be used for any other useful information, such as if the monument has been moved or if you have information about the day of dedication. May repeat use of page as often as necessary.]

The Memorial is *currently* located at:

Street/Road address or site location South Osage St & West Pacific St

GPS Coordinates N39R05'10.979 W94R25'07.272

City/Village and/or Township Independence

County Jackson State MO Zip Code 64050





