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## 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.  | - Thank You. |  |
|--|---|--------------|--|
| Type of Memorial   |   |              |  |
| Monument with Sculpture  | Monument with Cannon                                      |              |  |
| X Monument without Sculpture                                   | Historical Marker Plaque                                  |              |  |
| A SSILICATION  |   |              |  |
| Affiliation  |   |              |  |
| G.A.R. (Post Name & No   | ) M.O.L.L.U.S.  |              |  |
| W.R.C. (Corps Name & No  | Other Allied Ord  | er           |  |
| SUVCW (Camp Name & No  |   | ow)          |  |
| DUVCW (Tent Name & No  | )   |              |  |
| XOther: Unknown  |   |              |  |
| Original Dedication Date October 1953                          | Please consult any/all newspaper archives f               | or a         |  |
| local paper's article that would have information on the firs  | t dedication ceremony and/or other facts on the memori    | al.          |  |
| Please submit a copy of your findings with full identification | n of the paper & date of publication. Thank you.          |              |  |
| Location   |   |              |  |
| The Memorial is <i>currently</i> located at:                   |   |              |  |
| Street/Road address or site location Loose Pa                  | rk, no of Rose Garden adj 52nd St. N39°02.082′ W94°35.72′ | ľ            |  |
| City/Village Kansas City Township County Jackson               |   |              |  |
| only/vinage rownship   |   | _            |  |
| The front of the Memorial faces: X North                       | South East West   |              |  |
| Government Body, Agency, or Individual Owner                   | r (of private cemetery that Memorial is located in        | )            |  |
| Name Kansas City Parks Department                              | Dept./Div   |              |  |
| Street Address 4600 E. 63rd St.                                | _   |              |  |
| City Kansas City   | State MO Zip Code 64130                                   |              |  |
| City Kansas City Contact Person parks@kcmo.org                 | Telephone ( 816 ) 513-7500                                |              |  |
|  |   |              |  |
| If the Memorial has been moved, please list                    | former location(s)  |              |  |
|  |   |              |  |
|  |   |              |  |
| Physical Details   |   |              |  |
| Material of Monument or base under a Sculpture or Cann         | on = XStone Concrete Metal Undetermi                      | ned          |  |
| If known, name specific material (color of granit              | e, marble, etc.) Red Granite                              |              |  |

| Material of the Sculpture = $\times$ StoneConcreteMetalUndetermined If known, name specific material (color of granite, marble, etc.) $\frac{6-\text{ton red granite marker}}{6-\text{ton red granite marker}}$ If the Sculpture is of metal, is it solid cast or "hollow?"                  |
|--|
| Material of Plaque or Historical Marker / Tablet =   |
| Material of Cannon =BronzeIron - Consult known Ordnance Listing to confirm Markings on muzzle = Right Trunion Right Trunion Is inert ammunition a part of the Memorial? If so, describe  |
| Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points         Monument or Base: Height Width From 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: X cut into material raised up from material face  |
| Record the text (indicate any separation if on different sides) Please use additional sheet if necessary. This is the site of the decisive engagement in the battle of Westport, Oct. 23, 1864   |
|  |
|  |
| Environmental Setting  (The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)  |
| Type of Location   |
| Cemetery X Park Plaza/Courtyard   "Town Square" Post Office School   Municipal Building State Capitol Other:   Courthouse College Campus   Traffic Circle Library  |

| General Vicinity   | uhuunkan (naaidantial                          | noor oitu)     |
|--|--|----------------|
|  | uburban (residential, i<br>rban / Metropolitan | near city)     |
| Immediate Locale (check as many as may apply)  Industrial Commercial  X Street/Roadside within 20 feet Tree Covered ( Protected from the elements (canopy or enclosure, incomplete protected from the public (fence or other barrier)  Any other significant environmental factor  | loors)   |                |
| Condition Information  |  |                |
| <b>Structural Condition</b> (check as many as may apply) The following section applies to Monuments <i>with</i> Sculpture, and Monuments | Monuments without Sculpt                       | ture -         |
| including the base for Monuments with <i>Cannon</i> . Instability in the by a number of factors. Indicators may be obvious or subtle. base.  |  |                |
|  | Sculpture                                      | Base           |
| If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)   | <del></del>                                    |                |
| 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)  |  | Base           |
| Black crusting   | Sculpture                                      |                |
| 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  | <del></del>                                    |                |
| Spalling of stone (surface splitting off)  |  |                |
| Droppings (bird, animal, insect remains)   | <del></del>                                    | <del></del>    |
| Other (e.g., spray paint graffiti) - Please describe   |  |                |
|  |  |                |
| Does water collect in recessed areas of the Memorial?  | _Yes <u>X</u> No                               | 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 _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 06/03/2010   |
| Your Name Walter E Busch US Grant Camp #68   |
|  |
|  |
| Please send this completed form to:  |

Kevin P. Tucker, PDC, Chair



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR National Civil War Memorials Committee



