

CW Soldier
Quasqueton
Buchanan Co.

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

Type of Memorial (check all applicable)

Monument with Sculpture without Sculpture with Cannon standalone Cannon
 Historical Marker Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other unknown

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

Original Dedication Date Memorial Day, 1916 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: (also called Greenwood Cemetery)
Street/Road address or site location Quasqueton Cemetery
Water St. on N. edge of town GPS Coordinates 42.39935 -91.761466
City/Village &/or Township Quasqueton
County Buchanan State Iowa Zip Code 52326

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name City of Quasqueton
Dept./Div. _____
Street Address 113 Water St. North
City Quasqueton State Iowa Zip Code 52326
Contact Person _____ Telephone (319) 934-3340 ext _____

Is Memorial on the National Register of Historic Places Yes No ID # if known _____

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other

If known, name specific material (color of granite, marble, etc.) _____

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid?

If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

Material of Cannon = _____ Bronze _____ Iron Type of Cannon (if known) _____

Markings: Muzzle _____ Base Ring/Breech _____ Rifled _____ YES _____ NO

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 _____ No

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

_____ 21' Height _____ 82" Width _____ 82" Depth or _____ 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)

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 attached

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

- Cemetery
- School
- Traffic Circle
- Park
- Municipal Building
- Library
- Plaza/Courtyard
- State Capitol
- Other: _____
- "Town Square"
- Courthouse
- Post Office
- College Campus

General Vicinity

- Rural (low population, open land)
- Suburban (residential, near city)
- Town
- Urban / Metropolitan

Immediate Locale (check as many as may apply)

- Industrial
- Commercial
- 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 _____

[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 *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

good condition

Thank you.

Inspector Identification

Date of On-site Survey 9-17-20

Your Name Tom Gaard

Address 16541 Valleyview Lane

City Clive

State Iowa Zip Code 50325

Telephone () _____ E-Mail _____

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

SUVCW Grenville Dodge Camp #75

Please send this completed form to:

Walt Busch, PDC, Chair
1240 Konert Valley Dr.
Fenton, MO 63026



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR - CIVIL WAR MEMORIALS COMMITTEE.

