

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

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

suvcw Col. William Kinsman Camp #23

Original Dedication Date 10-15-2017 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:

Street/Road address or site location Malvern City Cemetery
Mahn Avenue SE of town GPS Coordinates 40.987567 - 95.578867
City/Village &/or Township Malvern
County Mills State Iowa Zip Code 51551

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name operated by an independent board of trustees -
Dept./Div. I did not get exact name.
Street Address _____
City _____ State _____ Zip Code _____
Contact Person Red Powles Telephone (515) 370-3923 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 = Aluminum face + back PVC core

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

8" Height 12" Width 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*.

Thank you.

Inspector Identification _____ Date of On-site Survey 10-15-17

Your Name Tom Gaard

Address 4302 165th Lane

City Clive State Iowa Zip Code 50325

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

SUVCW Granville Dodge Camp #75

Please send this completed form to:

Walt Busch
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.

