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

| Type of Memo                | orial (check all                                      | applicable)                |                         |                         |                       |
|-----------------------------|---|----------------------------|-------------------------|-------------------------|-----------------------|
|                             | with Sculpture _                                      |                            | re _ with Canr          | onstandalo              | ne Cannon             |
| Historical Mar              | ker Plaque  | Other ( flag pole          | , G.A.R. buildings      | stained glass win       | dows, etc.)           |
|                             | Lon   | a boulder                  |                         |                         |                       |
| Affiliation                 |   |                            |                         |                         |                       |
|                             | MOLLUS _  | SUVCW                      | WRC                     | ASUVCW                  |                       |
| LGAR                        | DUVCW _   | SUVCW Other                | troun                   |                         |                       |
|                             |   | OCV                        |                         |                         |                       |
| If known, record name       | and number of post, car                               | np, corps, auxiliary, tent | , circle or appropriate | information of other gr | roups:                |
|                             |   |                            |                         |                         |                       |
|                             |   |                            |                         |                         |                       |
| Original Dedication         | on Date Untrion                                       | Plea:                      | se consult anv/all new  | spaper archives for a   | local paper's article |
| that would have inform      | nation on the first dedicat                           | ion ceremony and/or oth    | ner facts on the memo   | rial. Please submit a c | copy of your findings |
| with full identification of | of the paper & date of put                            | olication. Thank you.      |                         |                         |                       |
|                             |   |                            |                         |                         |                       |
| Location                    |   | . (11                      | - 1/1 st.               |                         |                       |
| The Memorial is             | currently located a                                   | t: 613                     | T                       | . 1                     |                       |
| Street/Road add             | ress or site location                                 | 1 Southern                 | Lour ta                 | in Grounds              | on                    |
| Corna o                     | FN ST. a  | G Av. W GPS                | Coordinates 41.         | 301150 -4               | 2.657166              |
| City/Village &/or           | Township <u>Osta</u>                                  | aloosa                     |                         | 7: 0 1                  |                       |
| County Mah                  | astra   | State                      | Towa                    | Zip Code                | 52577                 |
| The front of the N          | Memorial faces:                                       | _ North _ South            | East V                  | Vest                    |                       |
|                             |   |                            |                         |                         |                       |
| Government Bo               | dy, Agency, or In                                     | dividual Owner             |                         |                         |                       |
|                             | thern Iowa  | tain                       |                         |                         |                       |
| Dept./Div                   | 11-11-  |                            |                         |                         |                       |
| Street Address              | 615 N 1 S   | 01-1-                      | -                       | 7: O                    | 2 -                   |
| City Uskalo                 | ousa  | State                      | Lowa !                  | Zip Codec               | 52577                 |
| Contact Person _            |   | ı elepi                    | none (41) 67            | 3 - 1004 ext_           |                       |
| ls Memorial on th           | ne National Registe                                   | er of Historic Place       | esYes                   | No ID # if known        |                       |
|                             |   |                            |                         |                         |                       |
|                             |   |                            |                         |                         |                       |
|                             | with/without scu                                      | ilpture:                   |                         |                         |                       |
| Physical Details            | )   | ulatura or Connon =        | Stone Conor             | oto Motol (             | Othor                 |
|                             | ent or base under a Scu<br>cific material (color of g |                            |                         |                         | Ottlei                |
| ii known, name spec         | mic material (color of §                              | granito, marbio, etc.)     |                         | /                       | -                     |
| Material of the Sculp       | otureStone  | Concrete M                 | etalOther Is            | it hollow or solid?     |                       |
| If known, name spec         | cific material (color of                              | granite, marble, etc.) _   |                         |                         |                       |
|                             | 3   | M. I                       |                         |                         |                       |

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|---|-------------------------------------|---------------------------------|
| For Historic Marker or Plaque:  |                                     |                                 |
| Material of Plaque or Historical Marker / Table   | et = bronze                         |                                 |
| For Cannons with/without monume   |                                     |                                 |
| Material of Cannon = BronzeIro  | on Type of Cannon (if known)        | Pifled VES NO                   |
| Markings: Muzzle<br>Left Trunion<br>Is inert ammunition a part of the Memorial? _                     | base Kilig/bieecii                  |                                 |
| [For camp/department monuments officer's u  | se: Cannon on list of known ordna   | nce] YesNo                      |
| For Other Memorials: (flag pole, G.A.   | R. buildings, stained glass wind    | ows, etc.)                      |
| What best describes the memorial  |                                     |                                 |
| Materials of the Memorial   |                                     |                                 |
| Complete for All Memorials Approximate Dimensions (indicate un  | it of measure) - taken from tallest | widest points                   |
| <i>12 ′′</i> Height <i>1 8 ′′</i> Wi  | dthDepth or                         | Diameter                        |
| For Memorials with multiple Sculptures, please reand attach to this form. Please describe the "pose s |                                     |                                 |
| Markings/Inscriptions (on stone-work /  | metal-work of monument, base, so    | culpture)                       |
| Maker or Fabricator mark / name? If so, give  | name & location found               |                                 |
| Please attach legible photographs of all text & narrative sheet if necessary.                         | A/or Record the text in the space b | elow. Please use the addendum – |
| see attached  |                                     |                                 |
|   |                                     |                                 |
|   |                                     |                                 |
|   |                                     |                                 |
|   |                                     |                                 |
|   |                                     |                                 |
|   |                                     |                                 |
|   |                                     |                                 |
|   |                                     |                                 |

FORM CWM #61

| 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:   |
| General Vicinity  Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan   |
| Immediate Locale (check as many as may apply) IndustrialCommercialStreet/Roadside within 20 feetTree Covered (overhanging branches) Protected from the elements (canopy or enclosure, indoors)Protected from the public (fence or other barrier)  Any other significant environmental factorMonument is at theentrance to the   |
| [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 Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the point 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 Cout 9 2017  Your Name Tom Gaard  |
| ail gaard to aol com  |
| Are you a member of the Allied Orders of the G.A.R.? If so, which one?  54 VCW Gen_ Brenville Dodge #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.  |
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## Department of Iowa - Civil War Monuments Mahaska County - Oskaloosa

## **Muster Plaque**

This memorial marks the spot of the muster of the 33rd lowa Infantry Regiment in 1862. This is a bronze plaque on a boulder. It is in the NW part of town on the Southern lowa Fairgrounds on the corner of N I Street and G Ave. W. The monument is visible on the right shortly after entering the main gate of the Fairgrounds. There is a reference to Camp Tuttle. This was a Civil War training camp in Oskaloosa. Photos taken 10/9/17.



IN MEMORY OF THE

33m REGT. IOWA YOL. INFAMIRY

MUSTERED INTO

THE U.S. SERVICE HERE

OCTOBER 1st, 1862.

CAMP TUTTLE,