

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.)

Note: try to record items separately. Cannons near monuments should be recorded & photographed separately, etc. Thank you.

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:

ERECTED BY J.M. BUFFINGTON

Original Dedication Date 1926

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

OXFORD (VALVERDE)CEMETERY NW OF OXFORD, NEAR N. VALLEY

The Memorial is *currently* located at: ROAD AND E. 20TH

Street/Road address or site location

GPS Coordinates 37.28750, -97.17640

City/Village &/or Township OXFORD

County SUMNER

State KANSAS

Zip Code 67119

The front of the Memorial faces: ☐ North ☐ South ☐ East ☒ West

Government Body, Agency, or Individual Owner

Name

Dept./Div.

Street Address

City

State

Zip Code

Contact Person

Telephone ()

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.) GRAY GRANITE MARKER WITH CONCRETE SUBBASE

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) _____

Rifled _____ Yes _____ No

Markings: Muzzle _____ Base Ring/Breech _____

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 points7.08 FEET Height 3 FT 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 NONE FOUND

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

DOUBLE (SIDE BY SIDE) MONUMENT SHARE A CONCRETE PAD AND JOINED BASE IS 10FT WIDE AND 16 INCHES IN HEIGHT - EACH MONUMENT HAS OWN MID BASE - LIMESTONE WITH RUSTICATED ROUGH EDGE. 3 FT WIDE AND 16.5 INCHES IN HEIGHT - BOTH TOPE BASES ARE 26.5 INCHES WIDE BY 10.75 INCHES IN HEIGHT. THE MARKER ON THE RIGHT THEN HAS A 3RD BASE 25.5 INCHES WITH A WATERFALL WASH CAP -- OBELISK 5.75 FT -- WITH BOTTOM AT 20.5 INCHES AND NARROWING TO 12 IN

-- MONUMENT ON THE LEFT: INSCRIPTION: TO THE MEMORY OF OUR HEROIC DEAD.ERECTE BY J.M. BUFFINGTON CO. D 32ND IOWA --FIRST WHITE MAN TO CROSS THE RIVER AND SETTLE IN THIS COUNTY APR 9, 1870

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)

☐ 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 TREES DONT OVERHANG AT THIS TIME BUT ARE CLOSE BY

[To detail the condition of a monument used the addendum form for *Monument's Condition*]

Submission of this form requires at least one type of identification so that you may be contacted regarding the information on this form. This information will most likely be in the public domain. Your name is required; please include one (or more) pieces of contact information.

1. If a member of an Allied Order, the name of your camp, auxiliary, tent, circle or corps; along with your department;
2. Physical Address;
3. Phone Number
4. E-Mail address.

By submitting this, you are allowing the posting of this information on the internet.

Inspector Identification _____ Date of On-site Survey 6/21/2026
 Your Name SANDRA COLE FLORES
 Address _____
 City OKC State OKLA Zip Code 73150
 Telephone () _____ E-Mail FLORESBRDLDY@AOL.COM

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

DUVCW OKLA SALLIE PEACHEATER TENT #18 ----- WRC NIM --- LGAR MAL

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

Completion of this form is required when requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Condition Information

Structural Condition (check as many as may apply)

The following section applies to Monuments with Sculpture, and Monuments without Sculpture including the base for Monuments with Cannon. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

	Sculpture	Base
If hollow, is the internal support unstable/exposed? (Look for signs of exterior rust)	_____	_____
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)

	Sculpture	Base
Black crusting	_____	_____✓
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	_____	_____
Spalling of stone (surface splitting off)	_____	_____
Droppings (bird, animal, insect remains)	_____	_____✓
Other (e.g., spray paint graffiti) - Please describe...	_____	_____

Does water collect in recessed areas of the Memorial? ☒ Yes ☐ No ☐ Unable to tell

Surface Coating

Does there appear to be a coating? ☐ Yes ☐ No ☒ Unable to determine

If known, identify type of coating.

☐ Gilded ☐ Painted ☐ Varnished ☐ Waxed ☒ Unable to determine

Is the coating in good condition? ☐ Yes ☐ No ☐ Unable to determine

Basic Surface Condition Assessment (check one)

In your opinion, what is the general appearance or condition of the Memorial?

☐ Well maintained ☒ Would benefit from treatment ☐ In urgent need of treatment ☐ Unable to determine

Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on) .

THE MIDDLE BASE HAS CRACKS AND A TOP CORNER OFF --- BOTTOM BASE HAS SIGNIFICANT CRACKS AND SLIGHT WASHOUT AT BOTTOM OF BASE SITTING ON CONCRETE PAD W/ VEGETATION GROWING

Inspector's Name SANDRA COLE FLORES

Date 6/21/2026

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.]

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City/Village and/or Township OXFORD

County SUMNER

State KANSAS

Zip Code 67119

TEXT



Inspector's Name _____ Date _____
ADDENDUM FORM CWM #61 >This form may be photocopied.< ©2007-2023 Sons of Union Veterans of the Civil War, a Corporation







TO THE
MEMORY OF
OUR HEROIC DEAD

ERECTED BY
J. M. BUFFINGTON
CO. D. 32ND IOWA
FIRST WHITE MAN TO CROSS
THE RIVER AND SETTLE IN
THIS COUNTY APR. 9, 1870

1861-1865



TO THE
MEMORY OF
OUR HEROIC DEAD

ERECTED BY
J. M. BUFFINGTON
CO. D. 32ND IOWA
FIRST WHITE MANTO CROSS
THE RIVER AND SETTLE IN
THIS COUNTY APR. 9, 1870

1861-1865









