Department of Missouri

Sons of Union Veterans of the Civil War

SV / SUV CAMP PROJECT FORM

PLEASE:

Type or print, using a ballpoint pen, when filling out this form. Legibility is critical.

Do not guess at the information. An answer of "Unknown" is more helpful. Attach more pages of documentation if

available.

Include a photograph of each viewable side and label it with name & direction of view.

Camp Name IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Warren		olonel Gro IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		nson	Camp # Dillillillillillillillillillillillillill	8
Brief History of the Camp (Use Additional Pages if Necessary)							
Chartered ore-1889 surrendered pre-1889; 1889 Roster Missouri Div., Sons of Veterans; R. Loebensein 1889 Commander. Meets 2nd & 4th Tuesday							
Meeting Facility Structure Still Exists? Yes / No /Unk UNK Identify Specfic Location							
Description of Records							
Do Records Exist? Yes/No/Unk Unk Records Original or Copies What are the conditions of the records?							
What do the records consist of?							
No Additional Information							
Location of the Records.							
Repository Name							
lillillillillillillillillillillillillil			County			State / Zip	
Additional Information							
No Additional Information							
Submitter Information:							
Date Submitted	6/5/2	010	NAME			Walter E Bus	ch
Camp Name	US Gra E	nt 68 E-Mail	Camp #	6	B Dept	MO busch@hotmail.cor	n

Submit to Department Secretary listed at http://www.suvcwmo.org