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>This form may be photocopied.

NATIONAL ORGANIZATION

SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

Location The Memorial is currently located at: Street/Road address or site location Township City/Village DeSoto Township The Memorial faces: North South South East Government Body, Agency, or Individual Owner (of property that Memorial is located in) Name Jefferson County Commissioners Dept./Div. Street Address City Hillsboro State MO Zip Code 63050	and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of pub. Location The Memorial is <i>currently</i> located at:	mony cation.
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	Physical Details	43
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@1997 Sons of Union Veterans of the Civil War, a Corporation.

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the town of Blackwell this force, Thompson and 22 wounded. The northernmost point of Battle by a grateful na along the Potomac to	il by 50 men of Compa withdrew to Frederic lese 2 engagements a of Thompson's advan- ation to preserve the onight. No sound save	cktown. Total losses are known together ce toward St. Louis. memory of the bray	s on both sides for the o as the Battle of Blackwo —— Erected on the 14 ore men who fought her	ippincott. After routing lay's fighting were 7 killed ell and mark the loth Anniversary of the e. Oct 15 2007 - All quiet w on the face of the dead.
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General Vicinity		
 Rural (low population, open land) 	O Suburban (residential, ne	ear city)
○ Town	O Urban / Metropolitan	
Immediate Locale (check as many as may apply)		
☐ Industrial	☐ Commercial	
	☐ Tree Covered (overhang	ing branchee)
Protected from the elements (canopy or enclosure, indo		ing branches)
Protected from the public (fence or other barrier)	5.5,	
Any other significant environmental factor.		
	*	
Condition Information		
Standard On Hit - / L /		
Structural Condition (check as many as may apply)	not of a water or an experience of Albanda (Albanda of Albanda)	
The following section applies to Monuments with Sculpture,	and Monuments without Sculpt	ure - including
the base for Monuments with Cannon. Instability in the by a number of factors. Indicators may be obvious or su	the sculpture and its base car	be detected
base.	visually examine the sol	ilpture and its
7		
	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 growt	h) 🗆	
Any broken or missing parts?		
(look for elements - sword, musket, hands, arms, etc missing di vandalism fluctuating weather conditions, etc.)	ue to	
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)		
, 17.7	Sculpture	Base
Black crusting		
White crusting	H	닏
Etched, pitted, or otherwise corroded (on metal)	H	닏
Metallic staining (run-off from copper, iron, etc.)	님	님
Organic growth (moss, algae, lichen or vines)	H	님
Chalky or powdery stone	님	님
Granular eroding of stone	H	님
Spalling of stone (surface splitting off)	H	님
Droppings (bird, animal, insect remains)	H	님
Other (e.g., spray paint graffiti) - please describe:	Ш	П
Does water collect in recessed areas of the Memorial? () Yes ⊚ No () U	nable to tell
	J.22 6 140 00	Habie to tell

>This form may be photocopied.

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Does there appear to be a coating? Yes N		
- 1 of the second secon	o O Unable to d	etermine
If known, identify type of coating:	523	
○ Gilded ○ Painted ○ Varnished ○ Wax	ed Unable to d	letermine
Is the coating in good condition? Yes ON	o • Unable to d	etermine
Basic Surface Condition Assessment		
In your opinion, what is the general appearance or cond	lition of the Memoria	?
Well maintained	In urgent need of trea	tment Unable to determine
Overall Description		
Briefly describe the Memorial (affiliation / overall conditi	on & any concern no	t already touched on)
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	*	
	6.3	
Supplemental Background Information		
In addition to your on-site survey, any additional	nformation you car	n provide on the described
Memorial will be welcomed. Please label each ac	count with its sour	ce (author, title, publisher,
		HT. (I) 이 이 경우는 보다 (1) (1) (1) (1) (1) (1) (1)
date, pages). Topics include any reference to the	points listed on the	nis questionnaire, plus any
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previous conservation treatments - or efforts to rais	e points listed on the money for treatment	nis questionnaire, plus any
Inspector Identification Date of On-site Survey 10/14/2007	e points listed on the money for treatment	nis questionnaire, plus any
Inspector Identification Date of On-site Survey 10/14/2007 Your Name Walter E Busch	e money for treatm	nis questionnaire, plus any nent. Thank you.
Inspector Identification Date of On-site Survey 10/14/2007 Your Name Walter E Busch Address PO Box 509	State MO	nis questionnaire, plus any nent. Thank you. Zip Code 63663
Inspector Identification Date of On-site Survey 10/14/2007 Your Name Walter E Busch Address PO Box 509 City Pilot Knob	e money for treatm	nis questionnaire, plus any nent. Thank you. Zip Code 63663
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Inspector Identification Date of On-site Survey 10/14/2007 Your Name Walter E Busch Address PO Box 509 City Pilot Knob Print Form Please send this completed form to:	State MO	nis questionnaire, plus any nent. Thank you. Zip Code 63663
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Inspector Identification Date of On-site Survey 10/14/2007 Your Name Walter E Busch Address PO Box 509 City Pilot Knob Print Form Please send this completed form to: Todd A. Shillington, PCC 15 Park Place	State MO	nis questionnaire, plus any nent. Thank you. Zip Code 63663
Inspector Identification Date of On-site Survey 10/14/2007 Your Name Walter E Busch Address PO Box 509 City Pilot Knob Print Form Please send this completed form to: Todd A. Shillington, PCC	State MO	nis questionnaire, plus any nent. Thank you. Zip Code 63663
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