

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

PLEASE:

- Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- Do not guess at the information. An answer of, "Unknown," is more helpful.
- Include a photograph of each viewable side and label it with name & direction of view.

- Thank You.

Type of Memorial

Monument *with* Sculpture Monument with *Cannon*
 Monument *without* Sculpture Historical Marker Plaque

Affiliation

G.A.R. (Post Name & No. _____) M.O.L.L.U.S.
 W.R.C. (Corps Name & No. _____) Other Allied Order
 SUVCW (Camp Name & No. _____) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: Unknown

Original Dedication Date October 1953 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 Loose Park, no of Rose Garden adj 52nd St. N39°02.082' W94°35.721'
 City/Village Kansas City Township _____ County Jackson

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)...

Name Kansas City Parks Department Dept./Div. _____
 Street Address 4600 E. 63rd St.
 City Kansas City State MO Zip Code 64130
 Contact Person parks@kcmo.org Telephone (816) 513-7500

If the Memorial has been moved, please list former location(s)...

N/A,

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Undetermined
 If known, name specific material (color of granite, marble, etc.) Red Granite

Material of the Sculpture = Stone Concrete Metal Undetermined
 If known, name specific material (color of granite, marble, etc.) 6-ton red granite marker
 If the Sculpture is of metal, is it solid cast or "hollow?" _____

Material of Plaque or Historical Marker / Tablet = _____

Material of Cannon = Bronze Iron - Consult known Ordnance Listing to confirm
 Markings on muzzle = _____
 Markings on Left Trunion _____ Right Trunion _____
 Is inert ammunition a part of the Memorial? If so, describe _____

Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points
 Monument or Base: Height 5" Width 5' Depth 24" or Diameter _____
 Sculpture: Height _____ Width _____ Depth _____ or Diameter _____

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue 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 _____

The "Dedication Text" is formed: cut into material raised up from material face

Record the text (indicate any separation if on different sides...) Please use additional sheet if necessary.
 This is the site of the decisive engagement in the battle of Westport, Oct. 23, 1864

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

- | | | |
|---|--|--|
| <input type="checkbox"/> Cemetery | <input checked="" type="checkbox"/> Park | <input type="checkbox"/> Plaza/Courtyard |
| <input type="checkbox"/> "Town Square" | <input type="checkbox"/> Post Office | <input type="checkbox"/> School |
| <input type="checkbox"/> Municipal Building | <input type="checkbox"/> State Capitol | Other: _____ |
| <input type="checkbox"/> Courthouse | <input type="checkbox"/> College Campus | _____ |
| <input type="checkbox"/> Traffic Circle | <input type="checkbox"/> Library | _____ |

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

Overall Description

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

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. Thank you.

Inspector Identification

Date of On-site Survey 06/03/2010

Your Name Walter E Busch US Grant Camp #68

Address PO Box 381 City Arcadia

State MO Zip Code 63621 Telephone (314) 630-8407

Please send this completed form to:

Kevin P. Tucker, PDC, Chair

58 Forest Street

Wakefield, MA 01880

(617) 678-6003

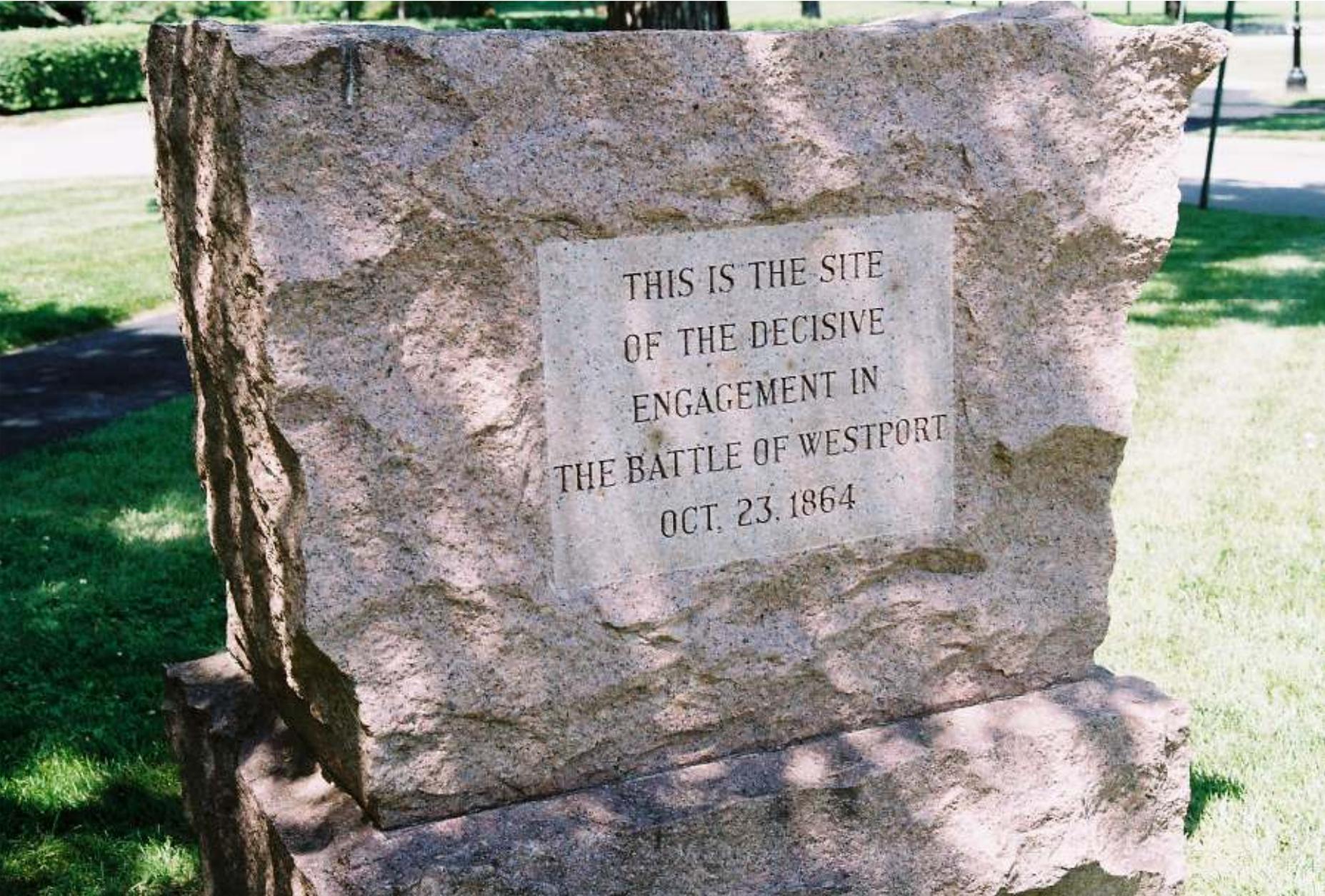
civilwarmemorials@verizon.net

Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR
 National Civil War Memorials Committee



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