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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 X Monument with Sculpture Monument with Cannon Monument without Sculpture Historical Marker **Affiliation** X G.A.R. (Post Name & No. A. A. Dunn Post 436 M.O.L.L.U.S. Other Allied Order W.R.C. (Corps Name & No._____ SUVCW (Camp Name & No.____ (Please describe below) DUVCW (Tent Name & No.____ Other: Original Dedication Date May 27 1885 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 Courthouse Square- 307 W. Center Street, 61238 Township Cambridge County Henry City/Village Cambridge The front of the Memorial faces: ____North ___ South X East West Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)... Dept./Div. County Administration Name County of Henry 307 W. Center Street Street Address State IL Zip Code 61238 City Cambridge Contact Person Connie Gillespie Telephone (309) 937-3400 If the Memorial has been moved, please list former location(s)... 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.) Gray concrete

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 | Other: |
| × Courthouse | College Campus | |
| Traffic Circle | Library | |

| | uburban (residential, r | near city) |
|---|----------------------------|-----------------|
| Urban / Metropolitan | | |
| Immediate Locale (check as many as may apply) Industrial Commercial | | |
| Street/Roadside within 20 feet Tree Covered | | |
| Protected from the elements (canopy or enclosure, in | doors) | |
| Protected from the public (fence or other barrier) Any other significant environmental factor | | |
| Any other significant environmental factor | | |
| Condition Information | | |
| Structural Condition (check as many as may apply) | | |
| The following section applies to Monuments with Sculpture, and I | Monuments without Sculpt | ure - |
| including the base for Monuments with <i>Cannon</i> . Instability in the by a number of factors. Indicators may be obvious or subtle. base. | e sculpture and its base o | can be detected |
| | 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 | • | _ |
| Black crusting | Sculpture | Base |
| 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 _ <u>×</u> No l | Jnable to tell |

| Surface Coating |
|--|
| Does there appear to be a coating? X Yes No Unable to determine |
| If known, identify type of coating. |
| Gilded X Painted Varnished Waxed Unable to determine |
| Is the coating in good condition? X Yes No Unable to determine |
| is the coating in good condition: res no onable to determine |
| Basic Surface Condition Assessment (check one) |
| In your opinion, what is the general appearance or condition of the Memorial? |
| X 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) . |
| Large monument- multi-tiered column featuring sculptures of sailor and soldier facing north and south and carvings |
| of cavalryman on horseback and artilleryman with cannon on the east and west faces of the monument. The |
| monument is capped with a sculptured figure of the Goddess Victory standing with hands resting on a shield that |
| is marked with the coat of arms of the United States (Stars, stripes). Each corner (NW, SW, NE, SE) of the sculp- |
| ture is flanked with a 3" Parrott Rifle tube. All guns are well maintained and were freshly painted. |
| |
| |
| Supplemental Background Information |
| In addition to your on-site survey, any additional information you can provide on the describe |
| Memorial will be welcomed. Please label each account with its source (author, title, publishe |
| date, pages). Topics include any reference to the points listed on this questionnaire, plus an |
| previous conservation treatments - or efforts to raise money for treatment. Thank you. |
| January April January 1980 and January 1 |
| |
| Inspector Identification Date of On site Survey 10-9-2011 |
| Date of On-site Survey 10-9-2011 |
| Date of On-site Survey 10-9-2011 Your Name Gregory M. Carter PCC |
| Pate of On-site Survey 10-9-2011 Your Name Gregory M. Carter PCC Address 1601 S. 24th Street City Quincy |
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| Pate of On-site Survey 10-9-2011 Your Name Gregory M. Carter PCC Address 1601 S. 24th Street City Quincy State IL Zip Code 62301 Telephone |
| Please send this completed form to: |
| Pate of On-site Survey 10-9-2011 Your Name Gregory M. Carter PCC Address 1601 S. 24th Street City Quincy State IL Zip Code 62301 Telephone |
| Please send this completed form to: |
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Thank you for your help, and attention to detail.

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