

NATIONAL ORGANIZATION  
SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

1. Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
2. 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  
 Other ( flag pole, G.A.R. buildings, stained glass windows, etc.)

Affiliation

\_\_\_\_ G.A.R. (Post Name & No. \_\_\_\_\_) \_\_\_\_\_ M.O.L.L.U.S  
 \_\_\_\_ SUVCW (Camp Name & No. \_\_\_\_\_) (Please describe below)  
 \_\_\_\_ WRC (Corps Name & No. \_\_\_\_\_)  
 \_\_\_\_ ASUVCW (Aux Name & No. \_\_\_\_\_)  
 \_\_\_\_ DUVCW (Tent Name & No. \_\_\_\_\_)  
 \_\_\_\_ LGAR (Circle Name & No. \_\_\_\_\_)  
 \_\_\_\_ Other Mother Bickerdyke Memorial Association

Original Dedication Date 1904 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 County Courthouse Lawn  
 City/Village Galesburg Township Galesburg County Knox  
 State Illinois.

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 County of Knox  
 Dept./Div. Public Works  
 Street Address 200 S. Cherry Street City \_\_\_\_\_  
Galesburg State IL Zip Code 61401 Contact Person \_\_\_\_\_  
Greg Bacon Telephone ( ) 309-343-3121

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

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### 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.) Black/White flecked dolomite

#### SUVCW -- CIVIL WAR

Material of the Sculpture =  Stone  Concrete  Metal  Undetermined  
If known, name specific material (color of granite, marble, etc.) Bronze  
If the Sculpture is of metal, is it solid cast or "hollow?" Solid Cast

Material of Plaque or Historical Marker / Tablet = Bronze

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? No If so, describe \_\_\_\_\_

#### Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points

Monument or Base: Height 5 FT Width 8 FT Depth 4 FT or Diameter \_\_\_\_\_  
Sculpture: Height 5 FT Width 8 FT Depth 4 FT 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.

Front Plaque: Mother Bickerdyke. Army Nurse 1861-1865. "She outranks me." -General Sherman  
Rear Plaque: Mary A. Bickerdyke 1817-1901. In recognition of her patriotic and heroic dedication to the boys in blue- in camp, in hospital and in the field, the State of Illinois has, under the auspices of the Mother Bickerdyke Memorial Association, Erected this statue. 1904

### 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 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 checked="" 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) .

sculpture of Civil War nurse Mary Anne Bickerdyke kneeling and cradling the head of a wounded soldier while giving him a drink from a canteen, sited on a large block of mica-flecked dolomite. The monument is kept in excellent repair.

**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 9-6-2011

Your Name Gregory M. Carter, PCC

Address 1601 S. 24th Street Apt. 407

City Quincy

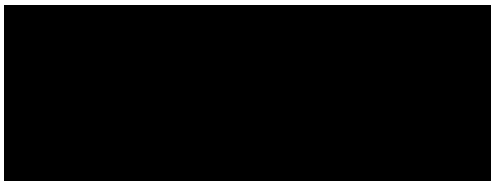
State IL Zip Code 62301

Telephone [REDACTED]

What Order or Organization is submitter a member of? SUVCW & MOLLUS

Please send this completed form to

Walt Busch, PDC, Chair



Thank you for your help, and attention to detail. SONS OF UNION V

CIVIL WAR VETERANS OF THE National Civil War Memorials Committee



MOTHER BICKERDYKE  
1861-ARMY NURSE-1865  
"SHE OUTRANKS ME"  
GENERAL SHERMAN