FORM CWM #61 Page 1 of 4

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 X Monument with Sculpture Monument with Cannon Monument without Sculpture Historical Marker X Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)
Affiliation
Original Dedication Date 5-4-1869 Wrong Date Please consult any/all newspaper archives for a local paper's article that would have information on the <i>first</i> 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.
The Memorial is currently located at: Street/Road address or site location Rock island County Courthouse City/Village Rock Island Township Rock Island County County Rock Island State Illinois The front of the Memorial faces: X North South East West
Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in) Name County of Rock Island Dept./Div. Sheriff's Properties Office
Street Address 1504 3rd Avenue City Rock Island State IL Zip Code 61201 Contact Person
If the Memorial has been moved, please list former location(s).

FORM CWM #61 Page 2 of 4

Physical Details

Material of Monument or base under a Sculpture or Cannon =Stone X Concrete Metal Undetermined If known name specific material (color of granite, marble, etc.) White Concrete Metal Undetermined If known							
SUVCW CIVIL WAR							
Material of the Sculpture = Stone \times If known, name specific material (color of gr If the Sculpture is of metal, is it solid cast	ranite, marble, etc.)						
Material of Plaque or Historical Marker / T	ablet = Bronze						
Material of Cannon =BronzeIron Markings on muzzle =	- Consult known Ordnanc	e Listing to confirm					
Markings on Left Trunion	Right Trunion						
Markings on muzzle =							
Approximate Dimensions (indicate unit Monument or Base: Height 15 FT Width Sculpture: Height 6 FT Width 3 FT							
For Memorials with multiple Sculptures, p for each statue and attach to this form. Ple weapons/implements involved (in case yo	ease describe the "pose"	of each statue and any					
Markings/Inscriptions (on stone-work / r Maker or Fabricator mark / name? If so, giv							
The "Dedication Text" is formed: cut i	into material × raised up	from material face					
Record the text (indicate any separation if c G.A.R.	on different sides) Please us	se additional sheet if necessary.					
Cornerstone 1: In Commemoration of the Grand Army of the Re	public 1866-1940 by Department of Illino	ois, Ladies of the Grand Army of					
the Republic							
Cornerstone 2: Badge of United Spanish War Veterans Corners	stone 3: badge of the Grand Army of the	Republic					
Cornerstone 4: In Memory of the Grand Army of the Republic of F		 					
Main Plaque- In Memory of its patriotic and heroic sons who serve							
live, Rock Island County dedicated this monument Last Plaque-	Rededicated June 30, 1946 "Old Soldier	s Never Die."					
Environmental Setting (The general vicinity and immediate locale surroundir Type of Location	ng a memorial can play a major ro	ole in its overall condition.)					
Cemetery Town Square" Municipal Building Courthouse Traffic Circle	Park Post Office State Capitol College Campus Library	Plaza/Courtyard School Other:					

FORM CWM #61 Page 3 of 4

General Vicinity Rural (low population, open land) Town	Suburban (residen X Urban / Metropolita	
Immediate Locale (check as many as may apply) Industrial Commercial × Street/Roadside within 20 feet × Tree Covered (composed from the elements (canopy or enclosure, incomposed from the public (fence or other barrier) Any other significant environmental factor	doors)	
Condition Information		
Structural Condition (check as many as may apply) The following section applies to Monuments <i>with</i> Sculpture, and including the base for Monuments with <i>Cannon</i> . Instability in the number of factors. Indicators may be obvious or subtle. Visually	sculpture and its base can	be detected by a
	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 gr		
Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc midue to vandalism, fluctuating weather conditions, etc.)		
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the mater)		
Surface Appearance (check as many as may apply)		
	Sculpture	Base
Black crusting 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 Unable	to tell

FORM CWM #61 Page 4 of 4

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Does there appear to be a coating? Yes \times 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? 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). Monument pillar with added-on pieces at base and large plaque featuring Gettysburg Address. Monument is one of oldest in State of
Illinois. Pillar is topped with soldier in greatcoat at attention. Plaques near the monument could be polished but otherwise the monument
is in very good condition.

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 1-27-2012	
Your Name Greg Carter, PCC	
Address 1601 S. 24th Street Apt. 407	City Quincy
State L Zip Code 62301	Telephone
What Order or Organization is submitter a	member of? SUVCW & MOLLUS

Please send this completed form to



Thank you for your help, and attention to detail. Sons of Union V

CIVIL WAR VETERANS OF THE National Civil War Memorials Committee