4MI1

SONS OF UNION VETERANS OF THE CIVIL WAR DEPARTMENT OF MICHIGAN CIVIL WAR MEMORIAL RECORD

| D | | C | A | S | E | |
|---|---|---|---|---|---|--|
| | _ | _ | m | | _ | |

- 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 |
| AND THE ROLL OF SOCIETY SHEET MAY A RESIDENCE OF | Sugges Spyllen a Sugar Ma |
| Affiliation | |
| ∑ G.A.R. (Post No) | M.O.L.L.U.S. |
| W.R.C. (Corps No) | Other Allied Order |
| S.U.V.C.W. (Camp No) D.U.V.C.W. (Tent No) | Which? |
| D.U.V.C.W. (Tent No) | Other: |
| | TI-I |
| Dedication Date MAY 30 1898 | Unknown |
| Laboration Co. 1 Sec. [Science politics | |
| Location The Memorial is <i>currently</i> located at: | 1 AGE BARK AT |
| The Memorial is <i>currently</i> located at: | ARBOR ST & MAIL |
| Street/Road address or site location ALM - City/Village DEXTERTownship | County MACHIEL MA |
| Village <u>DEX LEC</u> TOWNShip | County VVASHIENAVO |
| The front of the Memorial faces: North | South East X West |
| Government Body, Agency, or Individual Owner (o | f private cemetery that Memorial is located in) |
| Name VILLAGE OF DEXTER Street Address 8140 MAIN | Dept./Div. |
| Street Address 8140 MAIN | |
| City DEXTER State (if no | t Michigan) MI Zip Code 48130 |
| Contact Person | Telephone (313) 426-8303 |
| | |
| If Memorial has been moved, please list forme | r location(s) |
| | |
| | _ |
| | |
| Physical Details | 2 |
| Material of Monument or base under a Sculpture or Cannon = | Stone Concrete Metal Undetermined |
| If known, name specific material (color of granite, r | narble, etc.) |

| Material of the Sculpture = X StoneConcreteMetalUndetermined If known, name specific material (color of granite, marble, etc.)WHITEMARBLE If the Sculpture is of metal, is it solid cast or "hollow?" | | | |
|--|--|--|--|
| Material of Plaque or Historical Marker / Tablet = | | | |
| Material of Cannon =BronzeIron - 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 20 Width 5-8 Depth or Diameter Sculpture: Height 5½ Width 2½ Depth 2 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: X cut into material raised up from material face | | | |
| Record the text (indicate any separation if on different sides) Please use additional sheet if necessary CROSSED NORTH SIDE: DEDICATED MAY 30. 1898 (CANHON) EAST SIDE: BLANK (CANCHOR) SOUTH SIDE: ERECTED BY THE CITIZENS OF DEXTER AND VICINITY IN MEMORY | | | |
| OF THE HEROES WHO FOUGHT, AND THE MARTYRS WHO DIED, THAT CONSER | | | |
| THE REPUBLIC MIGHT LIVE. (CHOS) CON SWORDS, | | | |
| WEST SIDE: GAR BADGE-RAISED 1861 - 1865-RAISED | | | |
| 1861 - 1863 - 1869 | | | |
| Environmental Setting (The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.) | | | |
| Type of Location Cemetery Town Square* TRIANGLE Post Office Municipal Building Courthouse Traffic Circle Sequence* College Campus Library Plaza/Courtyard School Other: Library | | | |

| General Vicinity Rural (low population, open land) Town | Suburban (residential, nea Urban / Metropolitan | r city) |
|--|--|--|
| Immediate Locale (check as many as may apply Industrial Street/Roadside within 20 feet Protected from the elements (canopy or enclor protected from the public (fence or other barrany other significant environmental factor | Commercial Tree Covered (overhanging osure, indoors) | branches) |
| | | |
| Condition Information | | |
| Structural Condition (check as many as may ap The following section applies to Monuments with Sculpture the base for Monuments with Cannon. Instability in the number of factors. Indicators may be obvious or subtle. Vis | , and Monuments without Sculpture sculpture and its base can be determined | ected by a |
| | Sculpture | Base |
| If hollow, is the internal support unstable/exposed? (look for signs of exterior rest) Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant green Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc mistage to vandalism, fluctuating weather conditions, etc.) Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the mater | ssing NO | 1 2 2 0 |
| 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 | Sculpture NO NO NO NO NO NO NO NO NO N | Base 0 0 1 1 2 2 2 2 2 2 2 2 2 |
| | | |

| Does water collect in recessed areas of the Memorial?Yes | | | |
|---|--|--|--|
| 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 | | | |
| Inspector Identification Date of On-site Survey | | | |
| Your Name GARY WOODMAN Address 1511 KENSINGTON City JAC ICSON State (If Non-Michigan Resident) M1 Zip Code 49263Telephor | | | |

Please send completed Civil War Memorial Record to:

Kim Leese 1902 Green St. Saginaw, MI 48602

Thank you for your help, and attention to detail.

Kent Armstrong, Chair Memorials Subcommittee - Department of Michigan FORM CWM #61

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 Include a photograph of each viewable side and | |
|---|--|
| Type of Memorial X Monument with Sculpture Monument without Sculpture | Monument with <i>Cannon</i> Historical Marker Plaque |
| Affiliation G.A.R. (Post Name & No | Other Allied Orde (Please describe belov |
| Original Dedication Date MAY 30, 1898 local paper's article that would have information on the <i>first</i> deceplease submit a copy of your findings with full identification of the | Please consult any/all newspaper archives for dication ceremony and/or other facts on the memorial paper & date of publication. Thank you. |
| Location The Memorial is <i>currently</i> located at: Street/Road address or site location 8040 MAIN ST. City/Village DEXTER, MI Township | County WASHTENAW |
| The front of the Memorial faces: North _ | South East X West |
| Government Body, Agency, or Individual Owner (of Name VILLAGE OF DEXTER Street Address, 8123 MAIN | Dept./Div. |
| City DEXTER S | State MI Zip Code 48130 |
| Street Address City DEXTER Contact Person | Telephone (734) 426-8303 |
| If the Memorial has been moved, please list form | |
| | |
| | |
| Physical Details Material of Monument or base under a Sculpture or Cannon = 2 If known, name specific material (color of granite, material) | X_Stone X Concrete Metal Undetermined parble, etc.) WHITE MARBLE WITH CONCRTE BASE |

| Material of the Sculpture = X Stone Concrete If known, name specific material (color of granite, marble, etc.) which is the Sculpture is of metal, is it solid cast or "hollow?" | Metal Undetermined |
|--|--|
| Material of Plaque or Historical Marker / Tablet = | |
| Material of Cannon =BronzeIron - Consult known of Markings on muzzle =Right Trun Right Trun | |
| Approximate Dimensions (indicate unit of measure) - take Monument or Base: Height | n from tallest / widest points or Diameter or Diameter |
| For Memorials with multiple Sculptures, please record this sheet of paper for each statue and attach to this form. Pleach statue and any weapons/implements involved (in separated from this form). Thank you! | ease describe the "pose" of |
| Markings/Inscriptions (on stone-work / metal-work of mon Maker or Fabricator mark / name? If so, give name & location | ument, base, sculpture) on found |
| The "Dedication Text" is formed: X cut into material Record the text (indicate any separation if on different sides) Please to NORTH - DEDICTED MAY 30, 1898 SOUTH - ERECTED BY THE CITIZENS OF DEXTER AND AND VINICITY IN MEMORY OF THE HEROS WHO FOUGHT, AND THE | use additional sheet if necessary. |
| | |
| Environmental Setting (The general vicinity and immediate locale surrounding a memorial can play a m | najor role in its overall condition.) |
| Type of Location Cemetery Park Town Square" Post Office Municipal Building State Capitol Courthouse College Campus Traffic Circle Library | Plaza/Courtyard School Other: |

| | suburban (residential, near ci Jrban / Metropolitan | ty) |
|---|--|--|
| | | 50 y 50 (m. 50 m. 50 |
| Condition Information | | |
| Structural Condition (check as many as may apply) The following section applies to Monuments <i>with</i> Sculpture 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, and Monuments <u>without</u> Scul e sculpture and its base can be de | etected |
| | 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) | I AND THE RESIDENCE OF THE PARTY OF THE PART | 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 | X | |
| 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? | YesNo _X_Unable | to tell |

> This form may be photocopied.

| Surface Coating Does there appear to be a coating? If known, identify type of coating. | Yes No Unable to determine |
|--|--|
| Gilded Painted Varnished Is the coating in good condition? _X_ Yes | d Waxed _X Unable to determine No Unable to determine |
| Basic Surface Condition Assessment (condition Assessment) In your opinion, what is the general appears Well maintained X Would benefit from treatment | |
| Overall Description Briefly describe the Memorial (affiliation / overall co | ndition & any concern not already touched on) . |
| | |
| Memorial will be welcomed. Please label eac date, pages). Topics include any reference to previous conservation treatments - or efforts to Inspector Identification | al information you can provide on the described h account with its source (author, title, publisher, the points listed on this questionnaire, plus any |
| Date of On-site Survey MAY 22, 2007 | |
| Your Name DAVID WILCOX Address PO BOX 6 | City grasslake |
| StateM Zip Code 49240 | Telephone |
| Please send this completed form to: | |
| Todd A. Shillington, PDC | |
| | |
| Thank you for your help, and attention to detail | |
| Sons of Union Veterans of the Civil War | |















