

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. Ladies of W.R.C.) Other Allied Order
 SUVCW (Camp Name & No. _____) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: _____

Original Dedication Date 1925 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 M40
 City/Village Gobles Township _____ County Van Buren

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 City of Gobles Dept./Div. Parks
 Street Address M40
 City Gobles State MO Zip Code 49055
 Contact Person Clerk's Office Telephone (269) 628-2246

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.) _____

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

Material of Plaque or Historical Marker / Tablet = Bronz

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 52" Width 29" Depth _____ or Diameter _____
 Sculpture: Height _____ Width _____ Depth _____ or Diameter _____
 Plaque: 20" 16"

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.

In Memory of
Father, Abraham
His
Veterans 1861-65
And the
Ladies of the W.R.C.
Erected in 1925

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 | _____ |

General Vicinity

Rural (low population, open land)

Town

Suburban (residential, near city)

Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial

Street/Roadside within 20 feet

Protected from the elements (canopy or enclosure, indoors)

Protected from the public (fence or other barrier)

Any other significant environmental factor _____

Commercial

Tree Covered (overhanging branches)

Condition Information

Structural Condition (check as many as may apply)

The following section applies to Monuments *with* Sculpture, and Monuments without Sculpture - including the base for Monuments with *Cannon*. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

	Sculpture	Base
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)	<u>N</u>	___
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	<u>N</u>	___
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	<u>N</u>	___
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	<u>N</u>	___

Surface Appearance (check as many as may apply)

	Sculpture	Base
Black crusting	<u>N</u>	___
White crusting	<u>N</u>	___
Etched, pitted, or otherwise corroded (on metal)	<u>N</u>	___
Metallic staining (run-off from copper, iron, etc.)	<u>N</u>	___
Organic growth (moss, algae, lichen or vines)	<u>N</u>	___
Chalky or powdery stone	<u>N</u>	___
Granular eroding of stone	<u>N</u>	___
Spalling of stone (surface splitting off)	<u>N</u>	___
Droppings (bird, animal, insect remains)	<u>N</u>	___
Other (e.g., spray paint graffiti) - Please describe...	<u>N</u>	___

Very good condition

Does water collect in recessed areas of the Memorial? Yes No Unable to tell

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

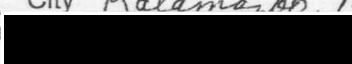
Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on).

Very good

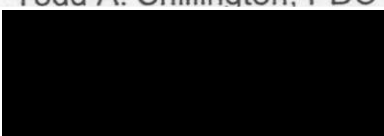
Supplemental Background Information

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 7-25-06
 Your Name Arthur Bonnell
 Address 6815 South 6th St City Kalamazoo MI
 State MI Zip Code 49009 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
 National Civil War Memorials Committee



W.R.C.
at
Gables, Mich

