FORM CWM #61

16 MT 1 in databased 1 1 2 light by Dept. of UT PAGE 1 OF 4 NATIONAL ORGANIZATION

## SONS OF UNION VETERANS OF THE CIVIL WAR

## CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:
<ul> <li>Type or print, us ng a ball-point pen, when filling out this form. Legibility is critical.</li> </ul>
<ul> <li>Do not guess at he information. An answer of, "Unknown," is more helpful.</li> </ul>
<ul> <li>Include a photograph of each viewable side and label it with name &amp; direction of view.</li> </ul>
- Thank You.
Type of Memorial
Monument with Sculpture Monument with Cannon
Monument with out Sculpture Historical Marker ➤ Plaque
Affiliation
G.A.R. (Post Name & No)M.O.L.L.U.S.
X W.R.C. (Corps Name & No)Other Allied Order
DUVCW (Tent Name & No)
Other:
and the second s
Original Dedication Date Please consult any/all newspaper archives for
local paper's article that we uld have information on the first dedication ceremony and/or other facts on the memor
Please submit a copy of ycur findings with full identification of the paper & date of publication. Thank you.
Location
The Memorial is <i>currently</i> located at:
Street/Road address or site location OAK WIII CEMETERU VERMAN PD
Street/Road address or site location <u>OAK HILL CEMETERY</u> , YEOMAN RD.  City/Village <u>IONIA</u> Township <u>ERSTON</u> County <u>IDNIA</u>
County Township Photos County 70474
The front of the Meniorial faces: North South East _X West
The first of the method included in the first of the firs
Government Body, Ag ancy, or Individual Owner (of private cemetery that Memorial is located in)
Name CITY OF IONIA Dept./Div. CEMETERY
Street AddressCITY HALL 114 N. KIND STREET BOX 496
City 10N/A, State N/ Zip Code 48846  Contact Person Clerk, DAVID COOK Telephone (616 ) 527-4170
Contact Person Clerk, DAVID COOK Telephone (416 ) 527-4170
If the Memorial has been moved, please list former location(s)
The state of the s
Physical Details
Material of Monument or b: se under a Sculpture or Cannon =Stone x Concrete Metal Undetermine
If known, name specif c material (color of granite, marble, etc.) RED GRANITE

Material of the Sculpture =StoneConcreteMetalUndetermined If known, name specific material (color of granite, marble, etc.)KED _GRAVEEBOULDER_O.  If the Sculpture is of metal, is it solid cast or "hollow?"CONCRETE BASE
Material of Plaque or Historical Marker / Tablet = BRONZE
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 Width Depth or Diameter  Sculpture: Height Width Depth 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 $\underline{\hspace{0.1cm}}$ rais $\exists$ d up from material face
Record the text (indicate any separation if on different sides) Please use additional sheet if necessary.  FRECTED TO THE UNKNOWN DEAD OF THE CIVIL WAR 1861 - 1865
W.R.C. 1929
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  Trown Square School  Municipal Building State Capitol Cher:  Courthouse College Campus  Traffic Circle

	ırban (residential an / Metropolitan	, near city)
Immediate Locale (check as many as may apply)  Industrial Street/Roadside within 20 feet Protected from the elements (canopy or enclosure, in Protected from the public (fence or other barrier) Any other significant environmental factor	ndoors)	
Condition Information	-	
Structural Condition (check as many as may apply) The following section applies to Monuments with Sculpture, and Mothe base for Monuments with Cannon. Instability in the sculpture number of factors. Indicators may be obvious or subtle. Visually examples.	and its base can I	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 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)	Sculpture	Base
Black crusting	Sculpture	Dase
White crusting		-
Etched, pitted, or otherwise corroded (on metal)		<del></del>
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 _X No _	_ Unable to tel

Curtana Cantina		
Surface Coating  Does there appear to be a coating? \  If known, identify type of coating.	′es <u>X</u> No	Unable to determine
Gilded Painted Varnished ls the coating in good condition? Yes	Waxed No	Unable to determine Unable to determine
Basic Surface Condition Assessment (condition Assessment) In your opinion, what is the general appearation with the maintained X Would benefit from treatment	ance or condition	of the Memorial? treatment Unable to determine
Overall Description Briefly describe the Memorial (affiliation / overall cor		15 No. 2007 C. School Control
Supplemental Background Informa		and appropriate and the described
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to Inspector Identification  Date of On-site Survey 2-6-99	account with its to the points listed of raise money for tr	source (author, title, publisher, on this questionnaire, plus any
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to   Inspector Identification  Date of On-site Survey 2-6-99  Your Name Dove ARMSTRONG	account with its to the points listed of raise money for tr	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to <a href="Inspector Identification">Inspector Identification</a> Date of On-site Survey 2-6-49	account with its so the points listed or raise money for tr	source (author, title, publisher, on this questionnaire, plus any
In addition to your on-site survey, any additions Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to   Inspector Identification  Date of On-site Survey 2-6-99  Your Name Down ARMSTRONG  Address 236 E FREDERICK	account with its so the points listed or raise money for tr	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.
In addition to your on-site survey, any additions Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to   Inspector Identification  Date of On-site Survey 2-6-99  Your Name Down ARMSTRONG  Address 236 E FREDERICK	account with its so the points listed or raise money for tr	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to Inspector Identification  Date of On-site Survey 2-6-49  Your Name Dox ARMSTRONG  Address 236 E FREDERICK  State MI Zip Code 46906	account with its so the points listed or raise money for tr	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to Inspector Identification  Date of On-site Survey 2-6-49  Your Name Dox ARMSTRONG  Address 236 E FREDERICK  State MI Zip Code 46906	account with its so the points listed or raise money for tr	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to Inspector Identification  Date of On-site Survey 2-6-49  Your Name Dox ARMSTRONG  Address 236 E FREDERICK  State MI Zip Code 46906	account with its so the points listed or raise money for tr	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to Inspector Identification  Date of On-site Survey 2-6-49  Your Name Dox ARMSTRONG  Address 236 E FREDERICK  State MI Zip Code 46906	account with its so the points listed or raise money for tr	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.
In addition to your on-site survey, any additional Memorial will be welcomed. Please label each date, pages). Topics include any reference to previous conservation treatments - or efforts to Inspector Identification  Date of On-site Survey 2-6-49  Your Name Dox ARMSTRONG  Address 236 E FREDERICK  State MI Zip Code 46906	cit account with its state of the points listed of raise money for the country and the country	source (author, title, publisher, on this questionnaire, plus any eatment. Thank you.

