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

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 *without* Sculpture

Monument with *Cannon*
 Historical Marker Plaque

Affiliation

G.A.R. (Post No. _____)
 W.R.C. (Corps No. _____)
 S.U.V.C.W. (Camp No. _____)
 D.U.V.C.W. (Tent No. _____)

M.O.L.L.U.S.
 Other Allied Order
 Which? _____
 Other: _____

Dedication Date 1916 Unknown

Location

The Memorial is *currently* located at: MT. EVERGREEN CEMETERY
 Street/Road address or site location MORRELL AT GREENWOOD
 City/Village JACKSON Township _____ County JACKSON

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 JACKSON Dept./Div. CITY CEMETERIES
 Street Address 2415 FRANCIS ST.
 City JACKSON State (if not Michigan) MI Zip Code 49203
 Contact Person BRIAN MCKENZIE Telephone (517) 788-4078

If 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.) GRANITE - NATURAL

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

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? _____ If so, describe _____

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

Monument or Base: Height 10' Width 7' Depth 5' or Diameter _____

Sculpture: Height 7 1/2' Width 5' Depth 2 1/2' 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
FREDERICK C. HIBBARD LOWER LEFT
SIDE OF SCULPTURE BASE

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.

THIS MONUMENT TO THE SOLDIERS
BURIED IN MOUNT EVERGREEN CEMETERY
HAS BEEN GIVEN BY
LAURA EVANS
IN MEMORY OF HER FATHER, MOTHER
AND HUSBAND
HENRY HAGUE - MARY ANN MORLEY HAGUE
EMMET MORTIMER EVANS
A.D. 1914

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

<input checked="" type="checkbox"/> Cemetery	___ Park	___ Plaza/Courtyard
___ "Town Square"	___ Post Office	___ School
___ Municipal Building	___ State Capitol	Other: _____
___ Courthouse	___ College Campus	_____
___ Traffic Circle	___ 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 & RESIDENTIAL
 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 rest)	<u>NO</u>	<u>—</u>
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	<u>NO</u>	<u>NO</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>NO</u>	<u>NO</u>
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	<u>NO</u>	<u>NO</u>

NO WHERE SCULPTURE MEETS STONE NEEDS TO BE RE CAULKED

Surface Appearance (check as many as may apply)

	Sculpture	Base
Black crusting	<u>X</u>	<u>NO</u>
White crusting	<u>NO</u>	<u>NO</u>
Etched, pitted, or otherwise corroded (on metal)	<u>NO</u>	<u>NO</u>
Metallic staining (run-off from copper, iron, etc.)	<u>X</u>	<u>NO</u>
Organic growth (moss, algae, lichen or vines)	<u>NO</u>	<u>YES</u>
Chalky or powdery stone	<u>NO</u>	<u>NO</u>
Granular eroding of stone	<u>NO</u>	<u>NO</u>
Spalling of stone (surface splitting off)	<u>NO</u>	<u>NO</u>
Droppings (bird, animal, insect remains)	<u>NO</u>	<u>NO</u>
Other (e.g., spray paint, graffiti) - Please describe...	<u>NO</u>	<u>YES</u>

BACK SIDE OF UPRIGHT GRANITE (SOUTH)
 UNDER TABLET - FAINT MARKING
 AND IS NOT PAINT

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

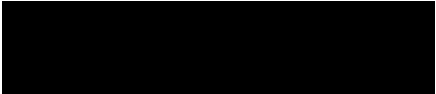
Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on).

COVERED ABOVE

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 12-14-96
Your Name GARY WOODMAN/BILL LOWE
Address 1511 KENSINGTON DR City JACKSON
State (If Non-Michigan Resident) MI Zip Code 49203 Telephone 

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



LISA EVANS MEMORIAL