



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

Material of Plaque or Historical Marker / Tablet = Stone/METAL

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 86" Width 62" Depth 62" or Diameter \_\_\_\_\_  
 Sculpture: Height 72" 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  raised up from material face

Record the text (indicate any separation if on different sides...) Please use additional sheet if necessary.

<p><u>FRONT (SOUTH SIDE)</u>                  "ERECTED IN MEMORY OF FOUR                  COMRADES 1861-1865 BY                  THE HEBER LAFAVOR POST #181                  GAR MILFORD COMMITTEE A.J.                  MCCALL - JF BEAUMONT -                  G.W. STURDEVANT</p>	<p><u>SIDE (WEST SIDE)</u>                  "HEBER LAFAVOR WOMEN'S                  RELIEF CORPS NO 156                  ORGANIZED SEPT 1, 1889                  FRIENDSHIP - CHARITY - LOYALTY"</p>
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DEDICATED MAY 30 1924 "

**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 | <input 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        | _____                                    |



**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).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 15 SEP 2001

Your Name Richard E. Danes

Address 2612 Burns City Dearborn

State MI Zip Code 48124-3204 Telephone [REDACTED]

SUVCW Camp 427 Senior Vice Commander

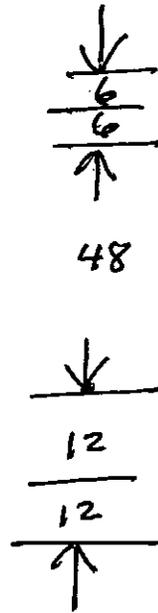
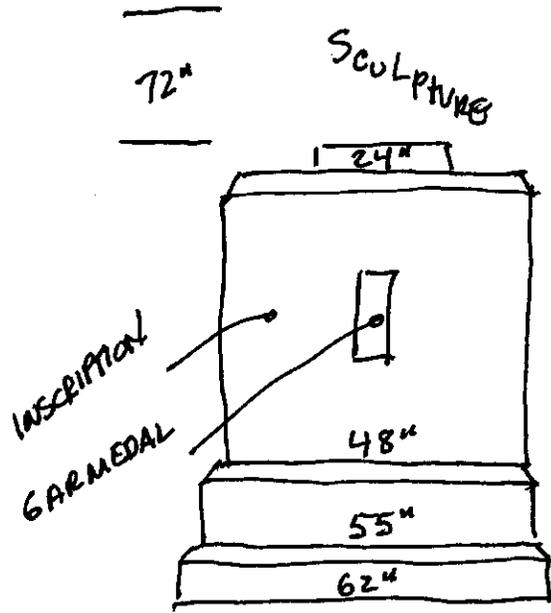
Please send this completed form to:

**Douglas R. Armstrong**  
 Civil War Memorials Officer  
 Department of Michigan- S.U.V.C.W.  
 236 E Frederick Ave.  
 Lansing, MI. 48906-3226

Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR  
 National Civil War Memorials Committee

OAK GROVE CEMETERY OAKLAND CO.



FRONT

DIM. TYP. ALL SIDES

Field Notes

