

NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

Monument with Sculpture without Sculpture with Cannon standalone Cannon
 Historical Marker Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Note: try to record items separately. Cannons near monuments should be recorded & photographed separately, etc. Thank you.

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

Original Dedication Date by October 20, 2015 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

1 W. Main St. [on side of building]

The Memorial is *currently* located at:

Street/Road address or site location _____
GPS Coordinates 39.81252N 85.17015W

City/Village &/or Township Cambridge City

County Wayne State IN Zip Code 47327

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name Main Street Cambridge City, Inc.

Dept./Div. _____

Street Address 302 E Main St

City Cambridge City State IN Zip Code 47327

Contact Person James King Telephone (765) 478-5910 ext _____

Is Memorial on the National Register of Historic Places Yes No ID # if known _____

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other

If known, name specific material (color of granite, marble, etc.) _____

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid? _____

If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

Material of Cannon = _____ Bronze _____ Iron Type of Cannon (if known) _____

Rifled _____ Yes _____ No

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? _____ Yes _____ No

[For camp/department monuments officer's use: Cannon on list of known ordnance] _____ Yes _____ No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial [Painting on the side of the building at 1 W Main St., Cambridge City, IN](#)

Materials of the Memorial [Paint](#)

Complete for All Memorials

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

[35 feet](#) Height [50 feet](#) Width _____ Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) 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 [Artists Pamela Bliss & Carly Mattingly Dee](#)

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

[Lincoln's Funeral Train / April 30th 1865 - April 30th 2015 / 150th Anniversary](#)

[LOWER LEFT CORNER - items in braces {} are assumed or obliterated {...}]

[Cambridge City Main Street, Inc. presents / LINCOLN FUNERAL TRAIN / Artists Pamela Bliss & Carly Mattingly Dee / THANKS TO OUR SPONSORS](#)

[two columns:]

[first column]

[Town of Cambrid{ge} / Mr. J{...} / Dr. Jim {...} / Wayne Bank / First Bank / Wayne County Foundation / Dot Foods / Cambridge City Area Chamber of Commer{ce}](#)

[second column]

[Dr. Dick & Shar Amick / Mr. Jim & Jill King / Mr. Fred Fowler / Western Wayne Heritage, Inc. / Wayne Co Tourism Bureau / Gillman Home Center / Mr. Jerry & Phyllis Matteis](#)

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 "Town Square" Post Office
 School Municipal Building State Capitol Courthouse College Campus
 Traffic Circle Library Other: _____

General Vicinity

Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial Street/Roadside within 20 feet Tree Covered (overhanging branches)
 Protected from the elements (canopy or enclosure, indoors) Protected from the public (fence or other barrier)

Any other significant environmental factor _____

[To detail the condition of a monument used the addendum form for *Monument's Condition*]

Submission of this form requires at least one type of identification so that you may be contacted regarding the information on this form. This information will most likely be in the public domain. Your name is required; please include one (or more) pieces of contact information.

1. If a member of an Allied Order, the name of your camp, auxiliary, tent, circle or corps; along with your department;
2. Physical Address;
3. Phone Number
4. E-Mail address.

By submitting this, you are allowing the posting of this information on the internet.

Inspector Identification _____ Date of On-site Survey 10 November A. D. 2023
 Your Name Sumner Gary Hunnewell
 Address 2030 San Pedro Drive
 City Arnold State MO Zip Code 63010
 Telephone () 636 464 3856 E-Mail HildifonsTook@prodigy.net

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

SUVCW

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. Photographs & GPS Co-ordinates are very much desired.

Pages 4 & 5 attached to this electronic file are the Monument's Condition and the Narrative forms. Only the Monument's Condition form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Please mail (or e-mail pdf, and picture files) to:

Walt Busch, PDC, Chair, 1240 Konert Valley Dr., Fenton, MO 63026, cwmemorials@suvchw.org (314) 630-8407

Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War - Civil War Memorials Committee.

>This form may be photocopied.<

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Lincoln's Funeral Train
April 30th 1865 - April 30th 2015
150th Anniversary

Cambridge City Main Street, Inc. presents
LINCOLN FUNERAL TRAIN

Artists Pamela Bliss & Carly Mattingly Dee

THANKS TO OUR SPONSORS

Town of Cambria

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Dr. Jim

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Mr. Jim & Jill King

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Lincoln's Funeral Train
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RAJM

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