

# colonel borden monument - cannon 1

FORM CWM #61

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## 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.)

### 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:

Col Richard Borden paid for the monument. I believe the cannons are probably a later additiion, maybe around the time the WRC Monument was placed there

**Original Dedication Date** 4 Jul 1868 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 Oak Grove Cemetery  
798 Prospect GPS Coordinates N41°42'27.04999 W71°8'24.2999"

City/Village &/or Township Fall River  
County Bristol State MA Zip Code 02720

The front of the Memorial faces:  North  South  East  West

### Government Body, Agency, or Individual Owner

Name Oak Grove Cemetery - (Caretakers)  
Dept./Div. \_\_\_\_\_  
Street Address 765 Prospect St  
City Fall River State MA Zip Code 02720  
Contact Person \_\_\_\_\_ Telephone ( 508 ) 324-2750 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.) grey granite

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) 24 lber flank howitzer

Rifled  YES  NO

Markings: Muzzle See Below Base Ring/Breech \_\_\_\_\_

Left Trunion \_\_\_\_\_ Right Trunion \_\_\_\_\_

Is inert ammunnition 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

Materials of the Memorial

**Complete for All Memorials**

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

\_\_\_\_\_ Height \_\_\_\_\_ 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

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

Hard to read cannon markings due to paint covering the cannons, but can read that the south cannon is the Registration # 100

Location	Type	MTL	GRVS	Foundry	REG#	Insp	FDY2	YR	Wgt
Fall River	24-pdr flank howitzer,	M1844	I	SMCM	95	MS *220 84	1500	Oak Grove Cemetery	
Fall River	24-pdr flank howitzer,	M1844	I	SMCM	95	MS *307 84	1500	Oak Grove Cemetery	
Fall River	24-pdr flank howitzer,	M1844	I	SMCM	97	MS *306 84	1503	Oak Grove Cemetery	
Fall River	24-pdr flank howitzer,	M1844	I	SMCM	100	MS *230 84	1504	Oak Grove Cemetery	

**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*]

**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.

Addendums 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*.

Thank you.

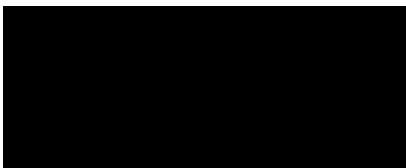
Inspector Identification \_\_\_\_\_ Date of On-site Survey 7/22/2023  
 Your Name Walter Busch  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ E-Mail cwmemorials@suvchw.org

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

US Grant Camp 68 - Missouri Sons of Union Veterans of the Civil War

Please send this completed form to:

Walt Busch, PDC, Chair



Thank you for your help, and attention to detail.

**SONS OF UNION VETERANS OF THE CIVIL WAR – CIVIL WAR MEMORIALS COMMITTEE.**

SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM – MONUMENT’S CONDITION

Completion of this form is required when requesting grant money using form CWM-62 SUVCW Memorial Grant Application Form and Instructions.

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.

Table with 3 columns: Question, Sculpture, Base. Rows include: If hollow, is the internal support unstable/exposed?; Any evidence of structural instability?; Any broken or missing parts?; Any cracks, splits, breaks or holes?.

Surface Appearance (check as many as may apply)

Table with 3 columns: Question, Sculpture, Base. Rows include: Black crusting; White crusting; Etched, pitted, or otherwise corroded (on metal); 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 No [checked] Unable to tell

Surface Coating

Does there appear to be a coating? Yes [checked] 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 [checked] Would benefit from treatment In urgent need of treatment Unable to determine

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

Light treatment only with some treatment of base material

Inspector’s Name Walt Busch Date 7/22/2023

SONS OF UNION VETERANS OF THE CIVIL WAR  
CIVIL WAR MEMORIAL ASSESSMENT FORM  
ADDENDUM – NARRATIVE

[Generally used to record the text of monuments, but may be used for any other useful information, such as if the monument has been moved or if you have information about the day of dedication. May repeat use of page as often as necessary.]

The Memorial is *currently* located at:

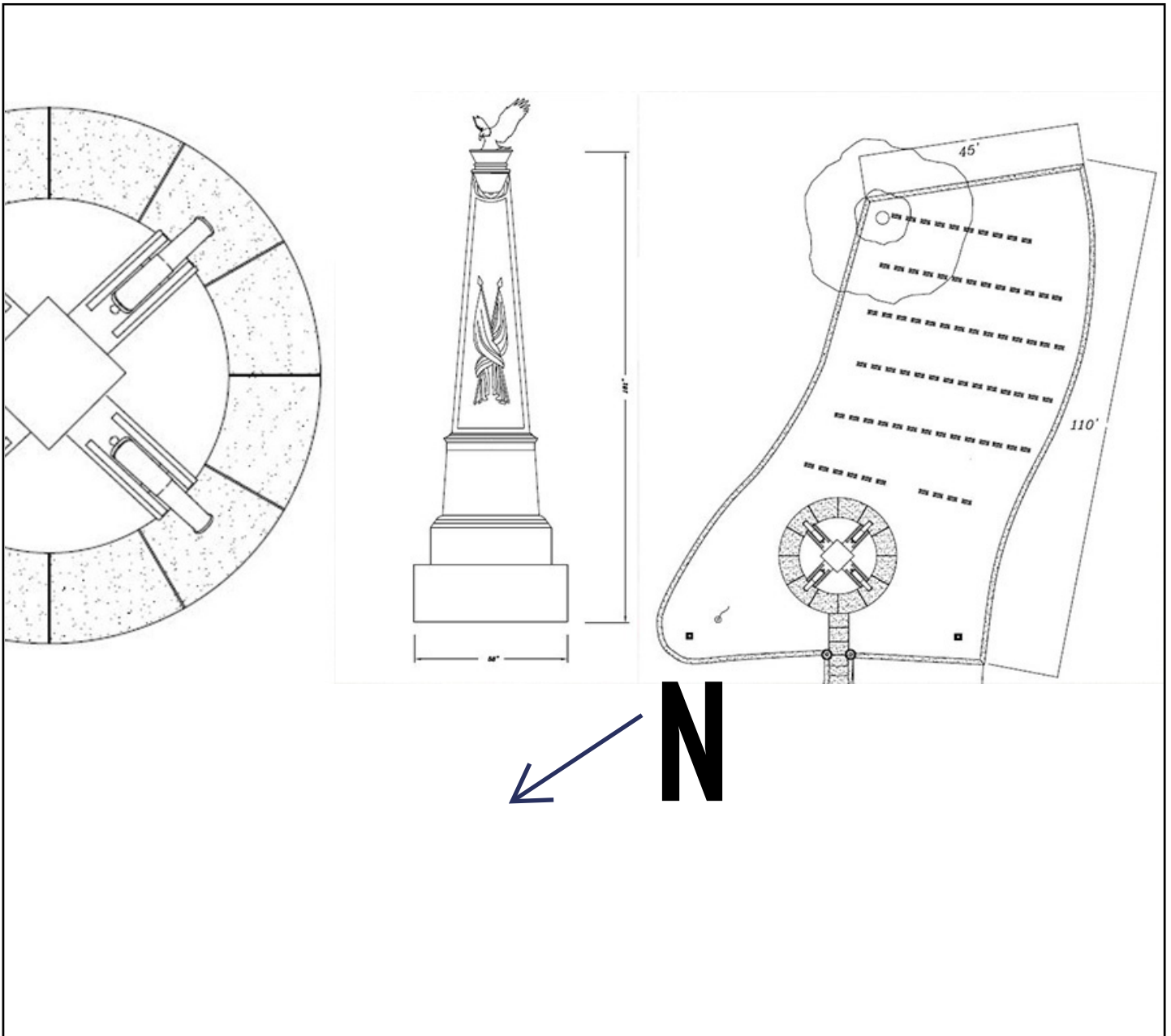
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City/Village and/or Township Fall River

County Bristol State MA Zip Code 02720

TEXT



Inspector's Name Walter E Busch

Date 7/22/2023