

CW Memorial Officer's Note: Questionable if funds should ever be used on this particular monument ---- WEB2025

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 _____ 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

ARDMORE VETERAN'S CENTER

The Memorial is *currently* located at:

Street/Road address or site location _____

1015 S COMMERCE STREET GPS Coordinates 34.1687 NORTH --97.1352 WEST

City/Village &/or Township ARDMORE

County CARTER State OKLAHOMA Zip Code 73401

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name _____

Dept./Div. _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Telephone () _____ 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.) GRAY 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) _____

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

Materials of the Memorial

Complete for All Memorials

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

3 FEET Height 2.1 FEET Width 1.5 FT 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.

GRAY GRANITE TABLET THAT IS PLACED THE FURTHEST NORTH IN A ROW OF MONUMENTS IN THE FLAG PLAZA IN FRONT OF THE ARDMORE VETERAN'S HOME (THE OLD ARMORE CONFEDERATE HOME) - IT IS 3 FT IN HEIGT BY 2.1FT WIDE - IT IS 1.5FT THICK - I AND THE CROWN IS SLIGHTLY CURVED. THE TABLET FRONT AND BACK ARE POLISHED WHILE THE EDGES ARE ROUGH CHIPPED RUSTICATED.NSCRIBED ON BOTH THE EAST AND WEST FACE "IN MEMORY OF THE BRAVE AMERICANS WHO SERVED" ON THE TOP HALF OF THE TABLET IS AN AMERICAN FLAG WITH 35 STARS AND 13 STRIPS. THIS FLAG BECAME OFFICIAL ON JULY 4, 1863 RECOGNIZING THE ADMISSION OF WEST VIRGINIA TO THE UNION IN JULY 1863. THIS FLAG WAS USED FOR TWO YEARS FROM 1863 TO 1865.

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: VETERAN'S HOME

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 10/5/2025
 Your Name SANDRA (SANDY) COLE FLORES
 Address 12201 SE. 64TH STREET
 City OKLAHOMA CITY State OKLA Zip Code 73150
 Telephone (405) 863-7226 E-Mail floresbrldy@aol.com

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

DUVCW SALLIE PEACHEATER TENT #18 OKIA -- WRC NIM OKLA -- LGAR MAL - OKLA

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:

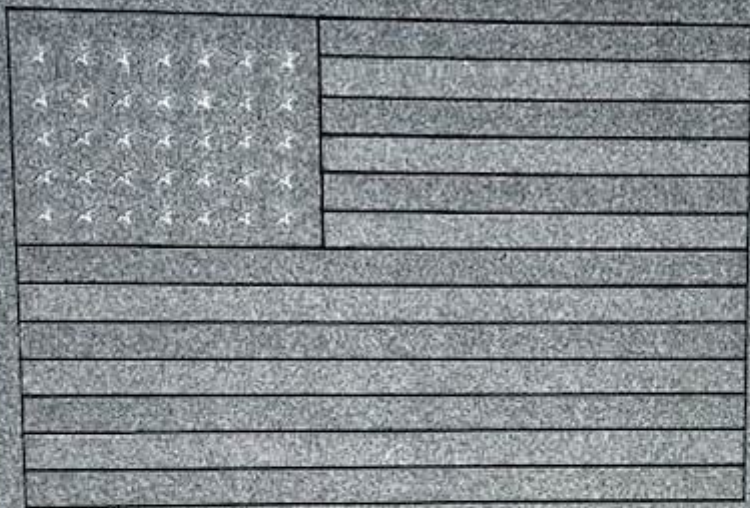
Walt Busch, PDC, Chair, 1240 Konert Valley Dr., Fenton, MO 63026, cwmemorials@suvchw.org (314) 630-8407

Thank you for your help, and attention to detail.

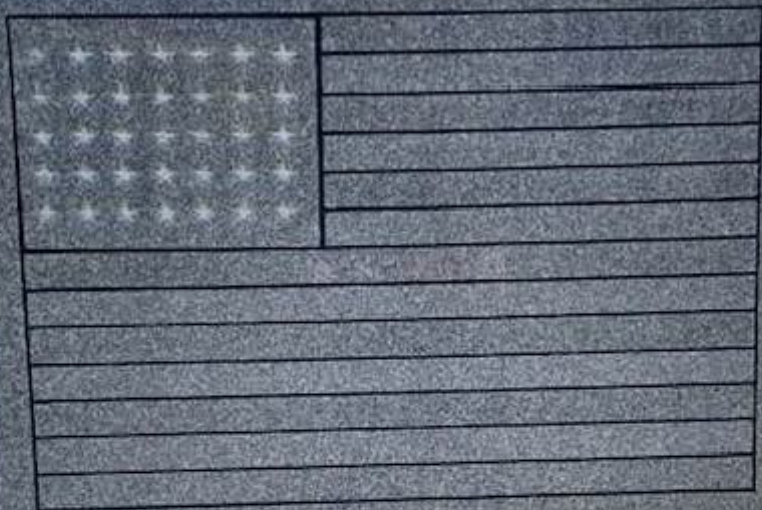
Sons of Union Veterans of the Civil War - Civil War Memorials Committee.

>This form may be photocopied.<

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IN MEMORY OF
THE BRAVE AMERICANS
WHO SERVED



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