

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

MULBERRY GROVE CEMETERY

The Memorial is *currently* located at:

Street/Road address or site location INTERSECTION OF US ROUTE 40 AND 7TH AVENUE

GPS Coordinates 38.917136. -89.272786

City/Village &/or Township MULBERRY GROVE

County BOND State ILLINOIS Zip Code 62262

The front of the Memorial faces: ☐ North ☐ South ☐ East ☐ West

Government Body, Agency, or Individual Owner

Name _____

Dept./Div. _____

Street Address _____

City RIVERTON State ILLINOIS 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.) BONE

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

If known, name specific material (color of granite, marble, etc.) UNABLE TO DETERMINE MATERIAL

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 points8.1 FEET Height 3.4 FEET Width 2.7 FEET 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.

TAN STONE MONUMENT WITH STONE PERCHED EAGLE WITH CHEST SHIELD SITTING ON TOP OF OPENED SCROLL - INSCRIPTION BELOW EAGLE FEET IS "IN MEMORY OF OUR NATION'S HEROES" AND INSCRIPTION AT LOWER BASE IS " GAR AND WRC CITIZENS -- ON THE BACK OF THE MONUMENT BELOW THE EAGLE IS INSCRIPTION T.J. McADAMS S.C. 1998

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*]

Inspector Identification _____ Date of On-site Survey 8/24/2026
 Your Name SANDRA COLE FLORES
 Address _____
 City OKLAHOMA CITY State OKLA Zip Code 73150
 Telephone () _____ E-Mail FLORESBRDLDY@AOL.COM

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

DUVCW TENT #18 SALLIE PEACHEATER - OKC WRC - MAL LGAR MAL

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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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.

	Sculpture	Base
If hollow, is the internal support unstable/exposed? (Look for signs of exterior rust)	_____	_____
Any evidence of structural instability? (Look for cracked joints, missing mortar or caulking or plant growth)	_____	_____
Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	_____	_____
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the material)	_____	_____

Surface Appearance (check as many as may apply)

	Sculpture	Base
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 ____ 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

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

Inspector's Name SANDRA COLE FLORES

Date 8/26/2026



IN MEMORY OF
OUR NATION'S
HEROES

G.A.R.-W.R.C.,
CITIZENS.











IN MEMORY OF
OUR NATIONS
HEROES



G.A.R.-W.R.C.
CITIZENS.





T.J. McADAMS, SC.
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