

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: 3/27/24

Box #1

Folder(s) #1

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalsociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **Bill Houston Family**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: **From the Estate of James "Dutch" Houston, Son of Rimmel & Myrtle Jones Houston.**

Inclusive Dates of Material: **July 1, 1939—November 20, 2011.**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #1

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity: **July 1, 1939—November 2011.**

Corporate History:

Name Changes:

Place of Residence/Location of Activity:

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #1; Record Book of Family, Misc. family papers.

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition:

Former Owner(s) of Acquisition:

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated*:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: 3/27/24

Box #1

Folder(s) #2

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~**Miller**

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name:

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: **Mickel Farris Est.**

Inclusive Dates of Material: **1865 Amnesty Oaths List (RESTRICTED).**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #2

9. Occupation or Type of Activity of the *Principal Person, Family, or Corporate Body*. (MARC 545).

Significant Events & Dates in the Career or Activity: **Civil War**

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #2; Book of Tax Records; Record of Miller's Book "A".

Loose papers & Parts of 3 ledgers.

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition:

Former Owner(s) of Acquisition: **Mickel Farris Est.**

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated*:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: April 2, 2024

Box #1

Folder(s) #3

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~**Chronister, H.W.**

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name:

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: **Chronister, H.W.**

Inclusive Dates of Material: **1901**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #3

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity: **Fashion, 1901**

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #3; Women's Fashion Magazine, 1901

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition:

Former Owner(s) of Acquisition: **H.W. Chronister**

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter nature of restriction & date when restriction will be terminated:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: April 2, 2024

Box #1

Folder(s) #4

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalsociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **Henry Winston Chronister**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: **Virginia Mobley Collection,**

Inclusive Dates of Material: **1847-1894**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript: **Microfilmed**

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #4

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity: **1847-1894**

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #4; H.W. Chronister's Family Bible, Published 1873, years of 1847-1894.

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition: **Virginia Mobley**

Former Owner(s) of Acquisition: **Virginia Mobley**

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated*:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC)...

Today's Date: April 2, 2024

Box #1

Folder(s) #5

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~**H.W. Chronister**

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **H.W. Chronister**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify. Donated by Virginia Chronister Mobley

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: **Store Ledger, Minnow Creek, AR 1909**

Inclusive Dates of Material: **1909**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name: **H.W. Chronister**

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript: **JCHS**

Dates copies were made:

Box #1

Folder(s) #5

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity: **1909**

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Minnow Creek, Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #5; Store Ledger Record Book, 1909-- Minnow Creek, Johnson County, AR

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition: **Virginia Mobley**

Former Owner(s) of Acquisition:

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated*:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: May 7, 2024

Box #1

Folder(s) #7

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **Unknown**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: **List of guns**

Inclusive Dates of Material: **1982**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #7

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity:

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #; **If more folders are in box, attach additional paper.*

Folder #; --List of Guns, 1982

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition:

Former Owner(s) of Acquisition:

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated:*

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: May 7, 2024

Box #1

Folder(s) #8

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **Letter from P.J. & Rhonda Temple to Mr. David Ogden**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection:

Inclusive Dates of Material: **1860**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #8

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity:

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #8; Letter from P.J. & Rhonda Temple to Mr. David Ogden

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition:

Former Owner(s) of Acquisition:

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated*:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: May 7, 2024

Box #1

Folder(s) #9

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **Murry's Chapel School District Records/Scrapbook, 1877-1885**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: From Lisa Russell

Inclusive Dates of Material: **1877-1885**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: transcripts photocopies, positive or negative microfilm):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #9

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity:

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #; **If more folders are in box, attach additional paper.*

Folder #9; Murry's Chapel School District Records/Scrapbook, 1877-1885

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition:

Former Owner(s) of Acquisition:

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated:*

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: May 7, 2024

Box #1

Folder(s) #10

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **Henry W. Chronister**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: Donated by **Virginia Chronister Mobley**

Inclusive Dates of Material: **1918-1919**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box #1

Folder(s) #10

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity:

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #10; Ledger of Minnow Creek Store

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition):

Source(s) of Acquisition: **Virginia Chronister Mobley**

Former Owner(s) of Acquisition:

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated*:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: May 7, 2024

Box #1

Folder(s) #11

1. Name of Repository (Include City & State).

Johnson County Historical Society, Inc.

131 West Main Street, (PO Box 2107), Clarksville, AR 72830. Phone #479~754~3334

Jchs1833@gmail.com

Web Site url~~ <http://johnsoncountyyarkansashistoricalociety.com>

2. Does this repository catalog manuscripts on a computer database?

If yes, please explain. NB: Repositories that catalog in OCLC WorldCat are ineligible for participation in NUCMC.

NO

YES Please provide specifics below.

3. Name & title of person to be contacted for information about repository's collection.

Name/Title: Debbie Overbey

Address: P.O. Box 2107, Clarksville, AR 72830

(133 West Main Street)

Phone: 479~754~3334

Fax#

Email: Jchs1833@gmail.com

4. Provide the Principal Name around which the collection is formed.

(MARC 1xx).

Enter full form of name~~

(i.e. person (full name, birth & death dates), family, business, society, governmental agency, or some other corporate body.)

Name: **Henry Chronister**

Birth: Death:

Family: Other: (Johnson County Arkansas)

4a. Enter commonly known form of name:

4b. Identify relationship of the above to the collection:

Creator Collector Other, please specify.

5. Provide Collection Name & Dates~~

(MARC 245).

Enter name of collection, inclusive dates of material, & bulk dates below...

Name of Collection: **Virginia Chronister Mobley**

Inclusive Dates of Material: **February 1920**

Bulk Dates:

6. Provide Collection Size information.

Enter number of shelf feet: linear cubic OR Enter number of items: known estimated.

7. If this is, or was, part of another collection, state name and relationship of collection (if any).

(MARC 500).

Name:

Relationship:

8. If the collection contains Copies of Manuscripts, describe below the....

(MARC. 500).

Form(s) of reproduction (e.g.: *transcripts photocopies, positive or negative microfilm*):

Number of copies of each manuscript:

Location of original manuscript:

Dates copies were made:

Box # 1

Folder(s) #11

9. Occupation or Type of Activity of the Principal Person, Family, or Corporate Body. (MARC 545).

Significant Events & Dates in the Career or Activity:

Corporate History:

Name Changes:

Place of Residence/Location of Activity: **Johnson County**

10. Provide a Description of Scope and Content of Collection~~ (Listing of Items). (MARC 520).

This description should cover:

Types of Papers (e.g., correspondence, letters, diaries, documents, etc.),

Dates, Objects, & Types of Groups of Materials that bulk largest.

Enter any or all of the following information in the areas below:

BOX #1; *If more folders are in box, attach additional paper.

Folder #11; Ledger Minnow Creek Store, February 1920

11. Nature of the Acquisition. (MARC 541).

Gift(s): or Permanent Deposit, etc.; .

Date(s) of Acquisition:

Source(s) of Acquisition:

Former Owner(s) of Acquisition:

12. Categorization of the Access to the Collection by Researchers. (MARC 506).

UNRESTRICTED RESTRICTED—enter *nature of restriction & date when restriction will be terminated*:

[

]

13. Provide citation to Published or Unpublished Guides. (MARC 555).

Is there any published or unpublished description, guide, index, calendar, etc. available in the repository for this collection?

NO YES—enter a full citation below;