

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: September 17, 2024

Box #3

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://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~~**Spike Feikema Estate**

(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: **Spike Feikema Estate donated by Dene Feikema**

Inclusive Dates of Material: **1936**

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 # 3

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: 1936

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

Folder #1;

1936 Dr. Miles New Weather Almanac

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: September 17, 2024

Box #3

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

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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~~**Dean Castleberry**

(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: **Lamar High School Yearbook, 1948-1949**

Inclusive Dates of Material: **1948-1949**

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 #3

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:

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

Folder #2; Lamar High School Yearbook, 1948-1949

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:

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NO YES—enter a full citation below;