

National Union Catalog of Manuscript Collections, (NUCMC).

Today's Date: June 18, 2024

Box # 2

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 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: **Randolph;**

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~~Enter name of collection, inclusive dates of material, & bulk dates below... (MARC 245).

Name of Collection: **Warranty Deeds of Randolph, C.A.**

Inclusive Dates of Material: 1894-1923

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 #2

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: 1894-1923

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

Folder # 1 ;

Warranty Deed—

Greenwood, J.P. and Cornetta F. to Randolph, P.M. 12 Jan 1894—Franklin Co, AR

Randolph P.M. and Julia A. to Randolph, C.A. 1 April 1896 Franklin Co, AR

Randolph, Frank and Birtie to Randolph, A.C. 13 Dec. 1900 Franklin Co, AR

Randolph, C.A. and A.T. to Moix, John 19 Feb. 1909 Franklin Co, AR

Moix, John and Mary to Randolph, C.A. 19 march 1915 Franklin Co, AR

Logue W.D. and Eula L. to Mulberry Machine and Garage Repair Shop 9 April 1917 Franklin Co. AR

Dombeck, Frank and Aroloniya to Harrod, J.C. and Randolph, 2 Feb. 1917

Randolph, W.F. and Birite F. to Randolph, C.A. June 1, 1933 Franklin Co. AR

Greenwood, J.P. and Cornetta to Greenwood, J.B. and Arbaugh, John, Trustees “Burrall” (Burrial) ground, 1 Aug. 1900 Franklin Co, AR

Special Warranty Deed—Adams, W.W. and Lizzie A. to Mackey, E.W., 23 April 1919 Franklin Co, AR

Certificate of Purchase—Randolph, C.A. et al pltf, Dawbeck, Frank, et al def to Randolph, C.A. and Harold, Louis, adux 30 August 1919

Redemption Certificate—Randolph, C.A. for Welch, T.G. taxes, 26 Feb 1909 Franklin Co, AR

Mexico United States Land and Immigration Corp—Randolph, C.A. 14 Feb. 1909 Denning, AR

Quit Claim Deed—Western Coal and Mining Co. to Randolph C.A. 18 Oct. 1923 Franklin Co, AR

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

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

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 (X) 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: July 2, 2024

Box # 2

Folder(s) #2

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

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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 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: **MISC. C.A. Randolph, J.B. Randolph's, John R. Young's, Elizabeth L. Young's, & Edith L. Randolph's**

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~~Enter name of collection, inclusive dates of material, & bulk dates below... (MARC 245).

Name of Collection:

Inclusive Dates of Material:

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:

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Location of original manuscript: _____

Dates copies were made:

Box #2

Folder(s) #2 A & B

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:

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.

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BOX #2; *If more folders are in box, attach additional paper.

Folder #2 A & B;

C.R. Randolph's Papers & Certificates

Edith L. Randolph's Papers & Certificates

Elizabeth L. Young's Papers & Certificates

John R. Young's Papers & Certificates

J.B. Randolph's Papers & Certificates

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: July 2, 2024

Box #2

Folder(s) #3

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

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(133 West Main Street)

Phone: 479~754~3334

Fax# _____

Email: Jchs1833@gmail.com

4. Provide 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: **Mr. & Mrs. Larry Schiffner**

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~~Enter name of collection, inclusive dates of material, & bulk dates below... (MARC 245).

Name of Collection:

Inclusive Dates of Material:

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.....

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Dates copies were made:

Box # 2

Folder(s) #3

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(MARC 545).

Significant Events & Dates in the Career or Activity:

Corporate History:

Name Changes:

Place of Residence/Location of Activity:

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Folder #3;

Letter from JCHS

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(MARC 541).

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

Date(s) of Acquisition):

Source(s) of Acquisition:

Former Owner(s) of Acquisition:

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(MARC 506).

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