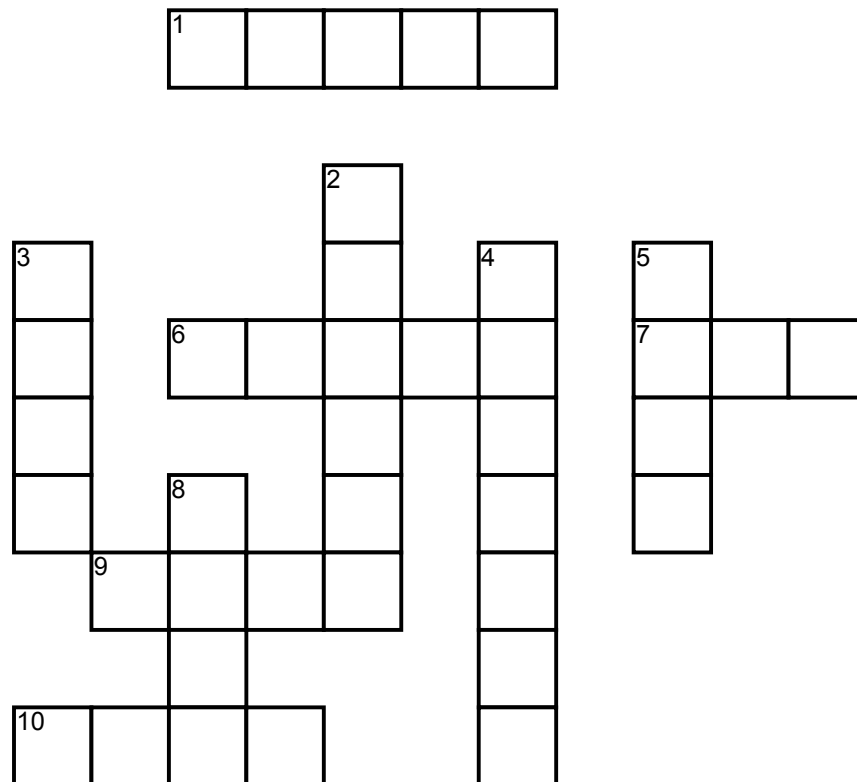


Name: _____

Date: _____

Die Körperteile



Across

- 1. Stomach
- 6. Cheek
- 7. Ear
- 9. Tooth
- 10. Nose

Down

- 2. Back
- 3. Mouth
- 4. Face
- 5. head
- 8. Throat