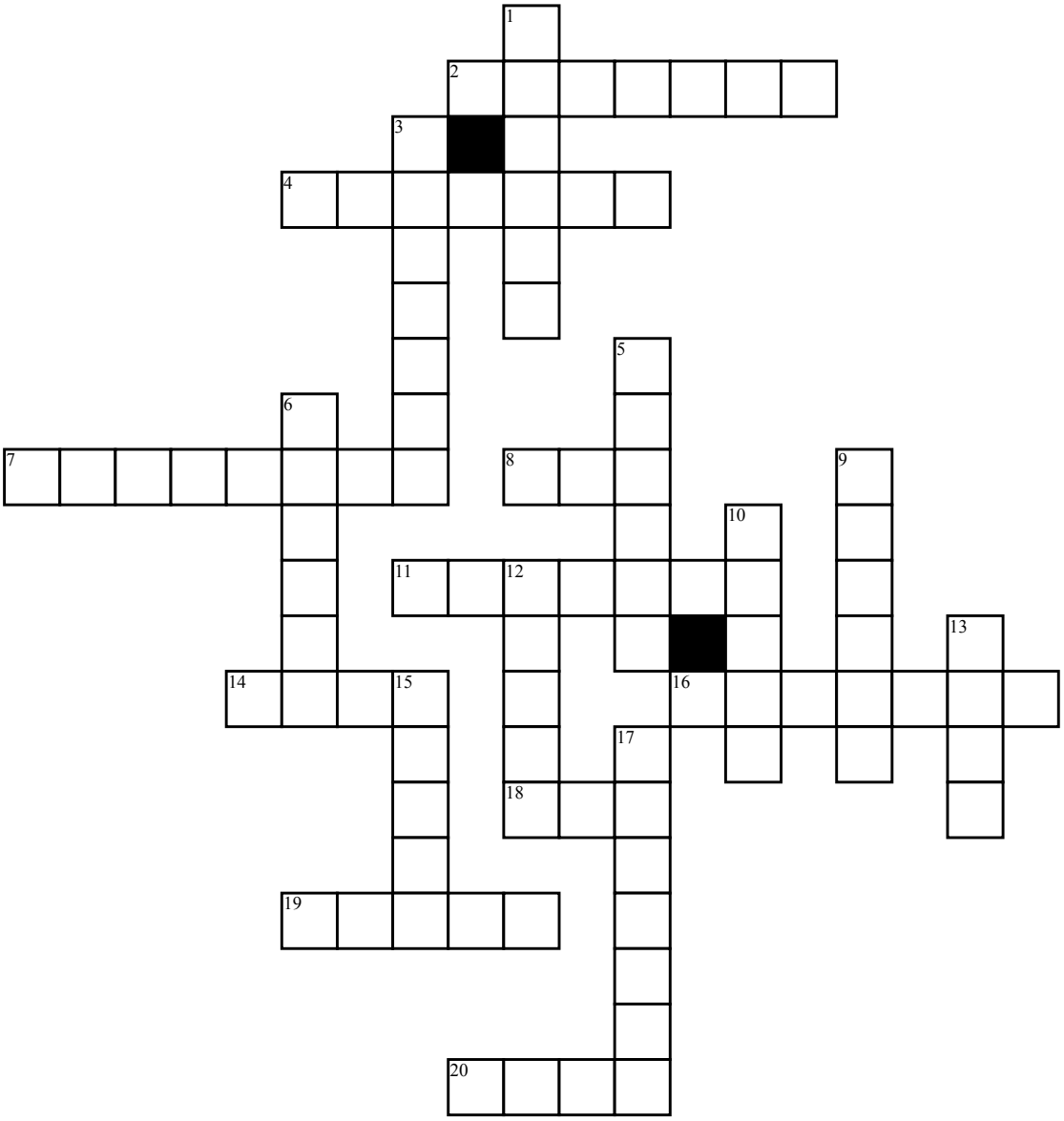
Name: _____ Date: _____

El Cuerpo



Across

2. Heart
4. Brain
7. Stomach
8. Feet
11. Back
14. Hand
16. Teeth
18. Eye
19. Arm
20. Mouth

Down

1. Shoulders
3. Bottom
5. Neck
6. Head
9. Leg
10. Nose
12. Chest
13. Finger
15. Ear
17. Knees