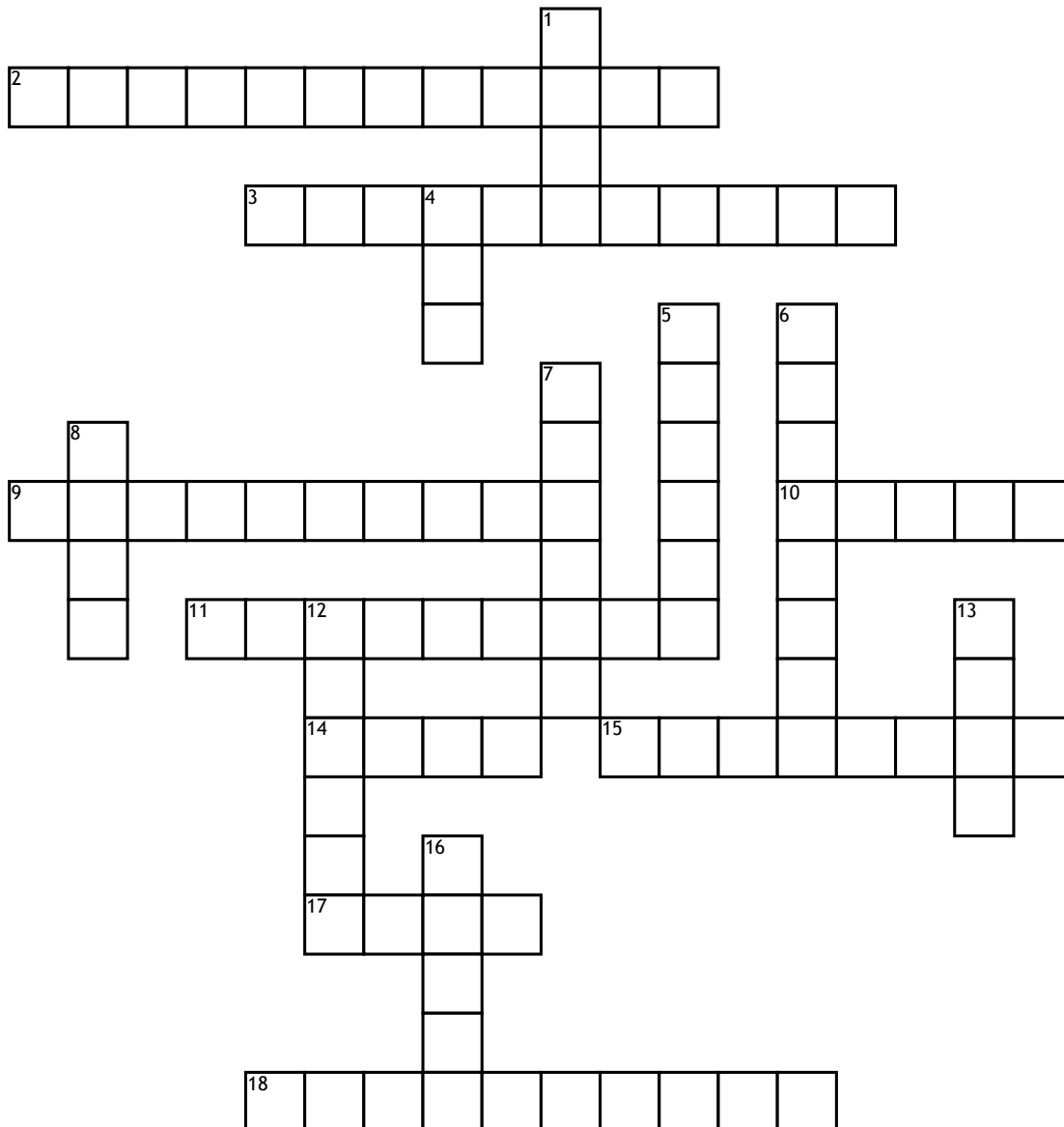


Name: _____

Date: _____

Trunk



Across

- 2. Pancreas
- 3. Ovaries
- 9. Testes
- 10. Breast
- 11. Sternum
- 14. WW.
Belly/abdomen

15. Chest

17. Kidney

18. Uterus

Down

- 1. Spleen
- 4. Back
- 5. Intestines
- 6. Gall bladder

7. Lungs

8. Heart

12. Ribs

13. Stomach

16. Liver