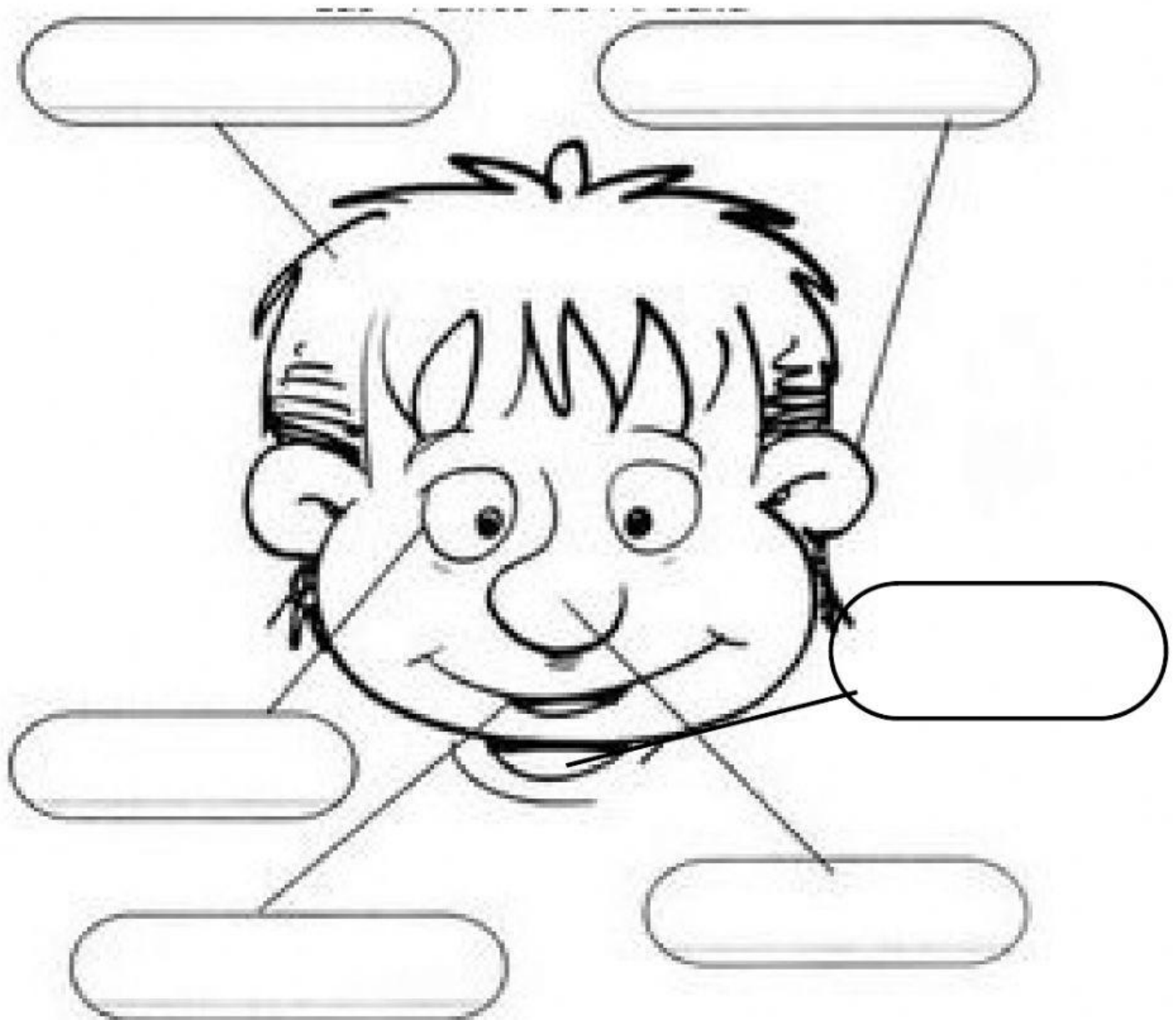Choose the best answer and fill in the blanks.



| eye | mouth | nose |
|-----|-------|------|
| ear | hair | neck |