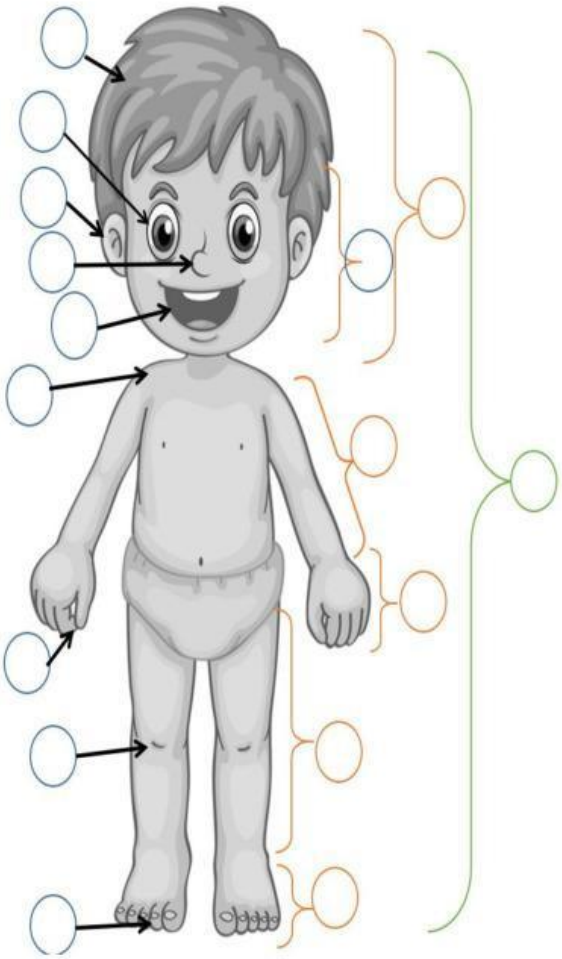
NAME_____ DATE: _____

E	B	O	O	D	Y	Y	D	H	A	I	R	N	R
H	O	A	F	A	C	E	S	M	A	R	M	K	O
A	D	C	O	E	R	Y	N	I	M	O	O	N	L
D	Y	E	O	R	A	E	A	N	O	H	O	E	A
R	O	F	T	D	N	S	H	O	U	L	D	E	R
S	L	O	U	S	D	H	A	N	T	O	E	S	M
A	E	A	R	S	O	A	U	H	H	A	I	N	S
E	G	T	M	F	I	N	G	E	R	S	O	O	S
H	S	O	H	E	A	D	E	A	S	D	F	O	T
B	O	D	A	N	O	S	E	R	S	O	O	F	O

FACE
EYES
NOSE
MOUTH
EARS
HAIR
BODY
HEAD
HANDS
ARMS
FINGERS
LEGS
FOOT
TOE
SHOULDER
KNEES



1. FACE
2. EYES
3. NOSE
4. MOUTH
5. EARS
6. HAIR
7. BODY
8. HEAD
9. HANDS
10. ARMS
11. FINGERS
12. LEGS
13. FOOT
14. TOE
15. SHOULDER
16. KNEES